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ABSTRACT

This document completes a major goal of the Montana Rural Drug Free Schools Program, the development of an infused drug education curriculum appropriate for Montana's rural and small schools. These materials were first developed as a user-friendly computer program before this print form was produced, and the reader is encouraged to access the computer file through EDUNET. The first section contains lessons for each grade level, K-12. Most grade levels have activities related to communication arts, health enhancement, and guidance; some grades also have art, mathematics, social studies, library, and science activities. The second section includes lessons that can be used for two or more grades and that are integrated into specific subject areas: communication arts, fine arts, health enhancement, mathematics, science, social studies, vocational/practical arts, library/media, and guidance. This section is aimed particularly at rural multigraded schools. In addition to providing actual drug and alcohol education, activities are also intended to build self-esteem; teach coping behaviors; improve decision-making and problem-solving skills; reduce risk-taking behaviors; clarify personal attitudes and values; teach respect for oneself and others; and provide information about health, nutrition, illnesses, and contraception. (SV)

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ED345914

VISIONS:

Drug Education For Healthy 21st Century Living

An Infused K-12 Curriculum

edited by
Claudette Morton, Ed. D.
Montana Rural Drug Free Schools Program

cooperatively developed by
RURAL EDUCATION CENTER
and
EDUNET
1992

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The University of Montana
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INTRODUCTION

With the publication of this document, the Montana Rural Drug Free Schools Program completes one of its major goals--that is to develop an infused drug education curriculum which is appropriate for the rural and small schools of Montana. Recognizing that all educators have difficulty adding new material to an already crowded school program, VISIONS: DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING, was developed first as a user friendly computer program on EDUNET and now is also available in this print form. The lessons are arranged by grade level and many are integrated into regular subject areas such as art or mathematics, so that the lessons meet subject area objectives as well as drug education objectives, thus, not requiring additional time to teach drug education.

The first section contains lessons which are grade level specific developed early on by the folks at EDUNET. EDUNET is a Helena, Montana based computer network which provides classes through electronic mail to students throughout Montana. We especially want to thank Paul Dorrance and Lee Holmes, directors of EDUNET, who began the project as well as Sheryl Burnham, Debra Dorrance, Karla Geda, Gayle Hammond, Nina Hodges, L. Keller, Joye Pewonka, Melissa Ralph, A. Spence, Wayne Stiffler, Vivian Taylor and Cammie Wiese who wrote many of these lesson plans.

The second section includes lessons which can be used for two or more grades and are integrated into specific subject areas. These lessons were developed by several practicing teachers in Montana and by teacher education college faculty. It is hoped that this second section will be particularly useful to the rural multi-grade schools and the small high schools where lessons may span more than one grade level and classroom time is at a premium. Contributors to this section include Robin Bissell, Dick Brosseau, Venus Dobson, Wendy Fregerio, Carl Knudsen, Elena Marinko, Joye Owens and Krystina Thiel-Smalley, teachers in Montana public schools, and Cheri Jimeno, Dan McGrath, Mike Schulz, Cleo Sutton, Judy and Karl Ulrich, faculty at Western Montana College of The University of Montana.

Though the material is now in print form, the reader is encouraged to access the computer file through EDUNET for further enrichment. In addition to this program, EDUNET carries lesson plans from the University of California's Irvine PACT Project and from the Drug Education Infusion Project grant from Northwest Regional Educational Laboratory with permission from Project EDAHOE located at Lewis-Clark State College in Idaho. Simply call (406) 442-0085 (voice) or write EDUNET, P. O Box 9121, Helena, MT 59604 to get a free password. To access all of these files all that is needed is a computer, modem and phone line and a phone call to (406) 449-2503, the computer number.

VISIONS: DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING is based on the premise that providing students with good tools to understand their world and building self esteem will create citizens who will make healthy choices in their lives. To make the program work teachers need to be aware of the needs of children, help meet those needs and foster positive self images.

However, it is important to note that no curriculum program can succeed in this area without being a part of a total comprehensive drug education program which includes a good school policy, professional development, student empowerment, parental involvement and community collaboration. For further information, samples and bibliographies in these other areas, please contact the Montana Rural Drug Free Schools Program, Rural Education Center, Western Montana College of The University of Montana, 710 S. Atlantic, Dillon, Montana 59725-3598 or call (406) 683-7121.

Dr. Claudette Morton, Editor

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

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SECTION I

GRADE LEVEL SPECIFIC

EDUCATION PROGRAM AREAS

KINDERGARTEN

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDIK.1

GRADE LEVEL: KINDERGARTEN
COMMUNICATION ARTS/
GUIDANCE

I AM SPECIAL

PURPOSE: To help children become more aware of their own uniqueness.
To develop a positive self-image.
To clarify personal attitudes and values.

ACTIVITY: Creation of an AWARD PICTURE featuring the child

MATERIALS: Photo of each child from home
Cardboard to be used as a frame
Colored construction paper for photo mat
Glue
Optional: misc. material for decorating frame:
ribbon, rick-rack, string, sparkles, stickers

PROCEDURE: Explore ways in which the children can recognize that they are "special."

1. Have each child create a framed picture of themselves.
    a. Ask each child to bring in a personal photo.
    b. Supply children with cardboard or tag board stiff enough to act as a frame (approximately 10"X10")
    c. Have children cut a piece of construction paper a few inches larger than their picture to act as a photo mat.
    d. Glue in place, with photo in the center of the mat.
    e. Have children draw a blue "RIBBON" and glue the ribbon to the side of the picture. Emphasize that each child is a WINNER and has much to be proud of!
    f. The project may be hung in the classroom or hallway, or in a prominent place in the home.
    g. As the children are working, talk about how each person is unique and special.

SUGGESTIONS: Send home PARENT LETTER (HDPK1)(Follows)

Created by: DEBRA DORRANCE -- 11/3/89

HDPK1: PARENT LETTER

Dear Parent, Date...

Activities for kindergarten have been prepared, based on sound principles of growth and development, to positively influence your child in forming healthy ways to deal with one's self and others. Addressing these issues prior to the time when alcohol and other drug use is most likely to occur increases the probability that your child will NOT yield to those pressures that frequently lead to substance abuse.

These activities will help your child to

1. Become more aware of one's own uniqueness.
2. Identify one's own feelings and the feelings of others.
3. Identify upset feelings and explore healthy ways of coping with unhappy or uncomfortable feelings.
4. Identify and demonstrate ways of reaching out to others.
5. Identify and explore ways of seeking help from others when dealing with problems.
6. Identify feelings when experimenting with new activities and examine the consequences of one's actions.
7. Explore the consequences of excesses.
8. Recognize the importance of accepting responsibility for his or her action.
9. Learn to make wise choices to maintain good health and identify and evaluate safe and unsafe substances to put intc one's mouth.
10. Explore some healthy ways to cope with stressful situations.

The task at hand is not protection--it is preparation....

We must prepare our children to for the future. We must provide them with the tools they need to face the many problems of growing up in today's society. Your interest and support will assist your child in developing a healthy attitude ....

FOR LIFE!

____

14

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDIK.3

GRADE LEVEL: KINDERGARTEN
COMMUNICATION ARTS\ART

AS I GROW, I GET TALLER AND TALLER

NAME ______________________________

PURPOSE: To gain a self concept of your size.

MATERIALS: Paper, crayons or markers

ACTIVITY: When I was a baby, I was the size of a __________________________.
Draw a picture.

(Look around you and see what things are the same size as you are.)

Now, I am the size of a ____.
Draw a picture.

Created by: DEBRA DORRANCE -- 10/11/89

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDIK.5

GRADE LEVEL: KINDERGARTEN
COMMUNICATION ARTS\
MATHEMATICS

**** GROWING UP CAN BE FUN!! ****

One thing I like about growing up is that I get to put more and more candles on my birthday cake!

PUT THE RIGHT NUMBER OF CANDLES ON YOUR CAKE.

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HOW MANY CANDLES ARE ON YOUR CAKE? ____________________

Created by: DEBRA DORRANCE -- 10/6/89

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDIK.7

GRADE LEVEL: KINDERGARTEN
COMMUNICATION ARTS

* 1 2 3 4 5 HELPING HANDS 1 2 3 4 5 *

AS I GROW, MY HANDS DO TOO. MY HANDS HELP ME TO DO THINGS.

Put your hand on this paper and use a crayon to trace it. If you need help, ask a friend

THIS IS MY HAND.

Think about the things you do with your hands.

Tell your teacher 3 things you do with your hands.

Have your teacher write the three things here:

1.

2.

3.

Created by: DEBRA DORRANCE -- 10/6/89

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDIK.11

GRADE LEVEL: KINDERGARTEN
COMMUNICATION ARTS/GUIDANCE

DEALING WITH ANGER

PURPOSE: Coping with feelings of anger

ACTIVITY: Daily stories are read and then discussed, giving children materials for thought. Once they learn that feelings of anger are real feelings, stories give students ideas for dealing with their anger in ways that are not harmful to others or to themselves.

MATERIALS: "SOMETIMES IT'S O.K. TO BE ANGRY" by Dr. Mitch Golant with Bob Crane, published by RGA Publishing Group ISBN:0-812-59460-6

PROCEDURE:

1. Read story
2. Discuss story
3. Think of times when the story idea happened in your own lives and how you could have reacted differently to deal with the anger.
4. Recall story whenever similar situations occur in the future.

Created by: SHERYL BURNHAM -- 2-4-90

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:HDIK.4

GRADE LEVEL: KINDERGARTEN
COMMUNICATION ARTS\
GUIDANCE

I AM LUCKY TO BE ME

PURPOSE: To introduce the term self-concept and foster a positive self-image.

ACTIVITY: Each child will draw a picture of themselves with guidance from the teacher.

MATERIALS:
8½" X 11" sheets of white paper
Markers or crayons
Scissors
Circles to trace (coffee cans)
Glue

PROCEDURE:

1. Discuss for a moment how special it is to be a BOY or a GIRL. Introduce the catch phrase "I AM LUCKY TO BE ME !"

   You may want to say:

   "Today we are going to learn more about ourselves. We are going to learn about our self-concept. Everyone has a self-concept. Self-concept is the way we feel about ourselves. (Ask some of the student how they feel about themselves right now- good or bad?) See how easy it is to describe your self-concept! We are going to learn about how to have good feelings about ourselves, or good self-concepts.

2. You may want to divide a ditto sheet into 8 sections and write BOY 4 times and GIRL 4 times. Ditto this sheet to make a tag for each child. This will save you some handwriting.

3. Give each child a plain piece of white paper, and instruct them to use the materials available to draw a large circle on their paper. A coffee can works well because of its size. This circle will be their head.

4. Have the children add facial features. Instruct them to color the hair and eyes, using their own hair and eye color. Emphasize the uniqueness of each individual.

5. Have each child cut out a BOY or GIRL tag from the ditto sheets you created, and glue the tag at the bottom of the picture.

6. Have each child share their finished product with the class as they tell a happy story that they remember, or have heard someone in their family tell about them when they were a small child or a baby.

7. Have each child think about themselves for a minute. Ask them to think about something they like about themselves. Go around in a circle and have them share what they like about themselves with you.

You may want to prompt them to make it easier for them. You might want to have them complete the sentence you start, such as ...

I am glad that I ....

The thing I like best about me is ......

I am proud of the way that I .....

I can _____________ very well.

I am the best at....

Created by: DEBRA DORRANCE -- 11/3/89

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDIK.8

GRADE LEVEL: KINDERGARTEN
ART/COMMUNICATION ARTS

*** A BRAIN TEASER ***

We can see how tall we are, how big our hands are, and how long are legs are. But have you ever seen your brain? Let's make believe no one in the world has ever seen a brain. You are a scientist and you have been asked to show the world what a brain looks like.

Use all the crayons and markers you have to draw your special picture of a BRAIN below.

Now, can you tell the world what your brain does?
Have your teacher write your response here:

____

____

____

Created by: DEBRA DORRANCE -- 10/6/89

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDIK.14
GRADE LEVEL: KINDERGARTEN
GUIDANCE

YOU'RE ONE OF A KIND

PURPOSE: Children realize their own uniqueness and others' uniquenesses.

ACTIVITY: Chapters are read on a daily basis and then discussed as per the following chapters:

1. Every person has a one-of-a-kind-body
2. Every person has a one-of-a-kind-personality
3. Every person has a one-of-a-kind-situation

MATERIALS: "ONE-OF-A-KIND" by Joy Wilt, published by Educational Products Division Cr 1978

PROCEDURE:

1. Read chapter
2. Discuss chapter
3. Think of times when the story idea happened to you in your own life. How could this story idea help you in the future when things happen to you?
4. Recall story whenever similar situations occur in the future.

Created by: Sheryl Burnham

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDIK.13

GRADE LEVEL: KINDERGARTEN
GUIDANCE

"YOU'RE ALL RIGHT!"

PURPOSE: Children will accept themselves and others

ACTIVITY: Chapters are read on a daily basis and then discussed as per the following chapters:

1. You are a person
2. A person has a body
3. Sometimes a person has unhappy feelings
4. Sometimes a person has accidents
5. Sometimes a person makes wrong choices
6. Sometimes a person makes mistakes

MATERIALS: "YOU'RE ALL RIGHT" by Joy Wilt, published by Eucational Products Division Cr 1978

PROCEDURE:

1. Read story
2. Discuss story
3. Think of times when the story idea happened to you in your own life. How could this story idea help you in the future when things happens to you?
4. Recall story whenever similar situations occur in the future.

Created by: SHERYL BURNHAM -- 2/4/90

LESSON: HDIK.12

GRADE LEVEL: KINDERGARTEN
GUIDANCE

DEALING WITH FEAR

PURPOSE: Children will learn to cope with fear

ACTIVITY: Daily stories are read and then discussed, giving children materials for thought. Once children learn that feelings of fear are real feelings, stories give students ideas for dealing with their fear.

MATERIALS: "SOMETIMES IT'S O.K. TO BE AFRAID" by Dr. Mitch Golant with Bob Crane, published by RGA Publishing Group ISBN:O-812-59564-9

PROCEDURE:

1. Read story
2. Discuss story
3. Think of times when the story idea happened in your own life and how you could have dealt with your fear.
4. Recall story whenever similar situations occur in the future.

Created by: SHERYL BURNHAM -- 2/4/90

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDIK.10

GRADE LEVEL: KINDERGARTEN
GENERAL

I CAN DO THIS

PURPOSE: Children will learn areas of skills and feel satisfied upon accomplishment of these skills.

ACTIVITY: Students will be taught skills and will practice skills until achieved:

1. Tying shoes
2. Reciting phone numbers
3. Reciting alphabet
4. Reciting numbers from 1 to 20
5. Reciting address
6. Learning left and right
7. Zipping coats

MATERIALS: Skills chart, stickers, some practice worksheets

PROCEDURE:

1. Students will be checked at onset of activity for skills -- achievements.
2. Students will be presented with many opportunities to practice and achieve skills.
3. Students will be awarded smiley stickers upon skill achievements to place on poster beside their names. Award certificates may also be presented to be taken home.

Created by: SHERYL BURNHAM -- 2/4/90

GRADE 1

LESSON: HDI1.5

GRADE LEVEL: 1
HEALTH

YUCK STUFF ACTION VERSE
from SAFE KIDS, HEALTHY KIDS

PURPOSE: Students will be motivated by this jingle to stay away from "yuck stuff".

MATERIALS: Copies of the YUCK STUFF VERSE for each child/adult that is singing or helping.

ACTIVITY: Recite the YUCK STUFF ACTION VERSE while the children follow your hand motions. Whenever the word YUCK comes up, pause and let the children yell it as loud as they can. At the end, everyone should shout, "Just leave it alone!"

This activity and many others can be found in SAFE KIDS,HEALTHY KIDS published by Monday Morning.

YUCK STUFF VERSE

There are many things that are good to eat
(Put hands to mouth)
Like apples, bananas, and cookies so sweet.
(Rub tummy)
But there are other things we should never try
(Wag finger back and forth),
They're yuck, listen up, and I'll tell you why!
(Put hands to ears)
Things like powder and pills and soap aren't food
(Shake head, make ugly face),
So don't ever try them, that wouldn't be good.
(Wag finger back and forth.)
They're yuck, your mother wouldn't like it, besides
They will make you sick and hurt your insides.
(Grab tummy)
So when stuff is yuck, just leave it alone!

Note: After the verse you can hold up items such a lipstick, dishwashing soap, cologne, craft paint, and glue as well as healthy, familiar foods and let the children yell "YUCK!" or "YUM!" as appropriate.

Created by: DEBRA DORRANCE -- 1/6/91

LESSON: HDI1.7

GRADE LEVEL: 1
HEALTH

KNOWING ABOUT DANGER

PURPOSE: To Introduce the Children to the Concept of Danger

ACTIVITY: Promote an open discussion about danger
List on the board dangerous things and dangerous situations generated by the class
Tell the class that many signs signal danger. Can they name a few?
Skull and cross bones, the red circle with the slash through it, the word poison -- Gather other ideas from cleaning containers.
Introduce the danger sign art project by passing out necessary materials.

MATERIALS: One sheet black construction paper
One half sheet orange construction paper (cut lengthwise)
Glitter
Black Marker
Yarn
Hole Punch
Scissors
Glue

PROCEDURE: Have the children glue the orange paper across the length of the black paper. Have the children decorate the outer edges of the black paper with glitter. The children should punch a hole in each of the top corners of the sign, and with string and yarn, hang the sign as a reminder of this important word.

SUGGESTIONS: A few days prior to the project, ask children to bring in or collect labels with "Caution" symbols.

* This lesson was adapted from SAFE KIDS, HEALTHY KIDS

LESSON: HDI1.6

GRADE LEVEL: 1
HEALTH

CALLING 911 IN EMERGENCY

PURPOSE: Students will learn when and how to use the 911 number. Emergency situations concerning drinking and drugs will be discussed.

ACTIVITY: Begin discussion by introducing the lesson as a safety lesson. Ask the children what they would do in the following situations:

- There is a rollerskate on the stairs
- You see a young child in the street alone
- You arrive home and your parents are not there
- You hear a fight outside your bedroom window and you think someone is hurt

Now, focus the discussion on emergencies related to drugs and alcohol. Ask the children if they can relate a story in which an emergency situation arose due to drugs or alcohol.

Impress upon the children that there is always someone who will help them. What they need to know is that the 911 number is the number to call in an emergency.

Generate discussion: Can each child come up with a situation that would warrant calling the 911 number?

MATERIALS: For each child:

- One sheet colored construction paper
- White paper plate
- Toilet paper roll
- Binder hole reinforcer
- Long length of yarn

Hole punch
Crayons
Scissors
Glue
Brush

PROCEDURE:

1. Have the children string the length of yarn through the hole in the toilet paper tube and bring the ends together. Then have them glue a circle of construction paper to the back of the paper plate, placing the yarn ends under the construction paper. Have the children cut two small circles from scraps of construction paper and secure them to either end of the receiver (toilet paper roll). One circle is for listening and the other for talking into. Allow everything to dry.
2. Have children look at a real telephone and write the numbers on their own make believe dial.

3. Have children compare their phones to a real phone. Ask them what is missing. Make sure children know the function of each of the parts on the phone.

4. Have the children practice dialing 911 on their phones.

5. Be sure to give children time to pretend with their phones in class.

6. Promote the proper use of the 911 number, and encourage appropriate play with the telephone.

SUGGESTIONS: Write a parent letter letting parents know that you have introduced the use of the 911 number in your classroom.

Mention that parents may want to talk about other safety precautions with their children.

Created by: DEBRA DORRANCE -- 1/6/91

LESSON: HDI1.3

GRADE LEVEL: 1
HEALTH

I AM WHAT I EAT

PURPOSE: To teach the basic food groups. To learn a healthy body makes for a healthy life.

ACTIVITY: Make a poster of a person shape by using pictures of foods that are good for us to eat.

MATERIALS: Pictures of basic food groups.
Poster of person made up of food from the food groups.(examples for students.
Old magazines (pictures for food poster)

PROCEDURES:

1. Discuss the food groups.
2. Make a chart of food groups.
3. Students go through magazines and find good foods for our bodies.
4. Students make a person shape using cut out pictures.
5. Write about what I can do because of a healthy body.

Created by: GAYLE HAMMOND -- 12/11/89

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDI1.2

GRADE LEVEL: 1
GUIDANCE

ALL ABOUT ME BULLETIN BOARD

PURPOSE:
To build a positive self-image.
To become more aware of ourselves and our classmates.
To build confidence in talking to the whole class.

ACTIVITY: Child brings pictures for bulletin board to share in a class time when parents are invited to listen and share with their child.

MATERIALS:
Bulletin Board
Captions for different categories (listed on parent letter)
Pictures for different categories (listed on parent letter)
See attached letter to parents for child's requirements.

PROCEDURES:

1. Teacher shares first "All About Me Board" about self to provide model.
2. Send a letter to parents the week before their child's sharing time.
3. Select day and time to share (all week things may be added to the board).
4. Take a picture of the child and bulletin board to make into a booklet for each child as a First Grade Memory Book. Paste pictures to a page of information taken from the letter to parents.
5. Send parent letter (Following Page) home to parents of each child.

Created by: GAYLE HAMMOND -- 12/11/89

"ALL ABOUT ME" (Letter to Parents)

Dear Parents,

We have an "All About Me" bulletin board in our room to help us all get to know ourselves and one another better. Each week a new classmate will be the attraction of our board. I'd appreciate your helping your child in gathering the needed things when it comes to his or her turn.

These are the titles of the areas covered on our board:

1. Name
2. Nickname
3. Birthday
4. When I grow up, I'd like to be
5. I like to
6. I like to eat
7. I feel happy when
8. If I could go anywhere in the world, I'd go to
9. One of my favorite books is
10. One of my favorite television programs is
11. My family (please list everyone name in order from parents through brothers and sisters)
12. My pets (kind of pet and its name)
13. My favorite color is
14. My favorite song is

Numbers 1, 2, 3, 7, 8, 9, 10, 12, 13 and 14 are written on cards,so if you would help your child answer them, I'll write it up for you. Pictures from magazines, drawings or photos can be used to answer the rest of the headings.

Your child's turn is ____. Please return this completed form. I'd like the materials brought in on Friday, ____________________________. If you'd like to come around 8:40, Monday morning to help your child and listen to his or her presentation, please come.

Don't hesitate to call or come see me, if you have any questions.

Sincerely,

(Use this letter as a pattern and edit it to suit your own purposes.)

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDI1.1

GRADE LEVEL: 1
GUIDANCE

I AM UNIQUE

PURPOSE: To introduce the idea that self-concept is important to motivation

ACTIVITY: "I AM UNIQUE" GAME

MATERIALS: NONE

PROCEDURE: Say, "Special" is a word that applies to each one of us. All of us are Unique. That means there is something wonderful and important about each one of us. Let's play a game to remind ourselves of this. To the tune of London Bridge Is Falling Down two children form an arch by grasping hands and holding their arms high in the air, the rest march beneath the arch, as everyone sings--

YOU ARE SPECIAL AND UNIQUE
AND UNIQUE
AND UNIQUE
YOU ARE SPECIAL AND UNIQUE

LIKE NO ONE ELSE WE KNOW!

On the word KNOW--drop your hands. The child can not get out until someone says something that makes him/her special and unique.

RULE -- Only positive statements may be made about the person.

Created by: WAYNE STIFFLER -- 11/4/89

GRADE 2

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDI2.2 — GRADE LEVEL: 2
HEALTH

GARBAGE AND YOUR SAFETY

PURPOSE: Students will recognize safe and unsafe garbage practices

ACTIVITY: Cut out two (2) circles of paper the same size as the lid that that will cover the top of the lid.

Glue the circles to the top of the lids.

Write with marker "OUCH CAN" on one circle, and "Safe Garbage" on the other.

The cans can be decorated by drawing sad and happy faces on each respectively, or just by drawing random designs.

* Have on hand safe garbage and "ouch" garbage to demonstrate the correct placement of each. Have at least the same number of items to be put in the cans as there are children in your classroom. Let each child place an item in the can.

MATERIALS:
2 Large margarine tubs with lids
2 sheets of construction paper
Scissors
Glue
Crayons
Markers

PROCEDURE: Explain to the students that there are many things they should never touch or play with, for example, matches, cigarettes, drugs from the medicine cabinet, or sharp objects. Discuss what they should do if they find any of these objects while playing in the house or yard. Tell the children to alert an adult immediately if they ever come across something that looks dangerous. The adult can deposit the object in the "ouch can" - a garbage can in the home where garbage can be put and kept out of reach of animals and children.

Tell children to teach their parents about the need for an "ouch can" in their home.

SUGGESTIONS: Allow children to take their cans home, but send a parent letter home accompanying the can so that parent's know that safety instruction has taken place.

This activity and many others can be found in SAFE KIDS, HEALTHY KIDS
Monday Morning Publications

Created by: DEBRA DORRANCE -- 12/5/89

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDI2.1

GRADE LEVEL: 2
GUIDANCE

SHINING STAR

PURPOSE: To help build a positive self image in the child.

ACTIVITY: Making children be aware of the good qualities in each other, rather than always picking out the bad.

MATERIALS:

1. Small bulletin board space.
2. Photo of each child.
3. Large star pattern for each child.
4. Smaller stars to write on.

PROCEDURE:

1. Make your bulletin board titled "Shining Star!" A large star (covered with foil is nice) with each child's picture in center.

2. Rotate children of your class each week, until every child has had a turn.

3. Have smaller stars accessible to children at all times to pick up and write favorable comments on for the "Shining Star" of the week.

4. When child has written a star comment they pin it to the bulletin board for the "Shining Star" to read on their time. Then they return it to the board.

5. At the end of the week when the board is changed, all comments are stapled together in a booklet with the picture on top as a keepsake.

Created by: KARLA GEDA -- 2/4/90

GRADE 3

LESSON HDI3.3

GRADE LEVEL: 3
COMMUNICATION ARTS

POSITIVELY BEST DEAL YET

PURPOSE: To reinforce talents or skills of the students.

ACTIVITY: Using the Talents Unlimited productive thinking process students are to think and write down the many, varied and unusual ways to describe themselves, listing the talents they have which would sell themselves.

MATERIALS: A classified section of a newspaper .
Pencil
Paper

PROCEDURE:

1. Hold up a newspaper: Say "Have you ever read ads in a newspaper? Grocery ads sell food, Car ads sell cars and each ad you read is intending to sell a product or a service. Usually a well written ad lists all the good points about whatever is to be sold."

2. Read through a few ads looking at some good points in the ads.

3. Say "Today we are going to use our productive thinking talent. Suppose you had to write an ad about yourself. How many, varied, unusual ways can you think of to describe your talents or skills?"

   Give them a moment to think and pass out the paper. Encourage them to show an unusual way to describe themselves.

4. Students list as many ways as they can think of with encouragement in listing things that no one else may know about them or their skills.

5. Conclude the lesson with sharing of the good points by those who wish to share. Praise the responses that reflect fluent, flexible, and organized thinking.

6. Extension could be to write the ad in news ad form. Also the process could be reversed by writing about someone in the classroom listing his or her good points.

Created by: VIVIAN TAYLOR -- 2/4/90

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDI3.1

GRADE LEVEL: 3
COMMUNICATION ARTS/GUIDANCE

RESPECTING OURSELVES AND OTHERS

PURPOSE: To reinforce getting along with others using the Talents Unlimited productive thinking process.

ACTIVITY: Students will be led in a discussion about how they would like other people to show respect to themselves, parents, brothers, sisters and friends.

MATERIALS: Paper
Pencils
Markers

PROCEDURE: The teacher will record the answers on large sheet of paper and after the students have listed all many, varied and unusual ways to show respect, the students may make their own chart for "How I want to be treated" using the ideas listed in the group discussion.

1. "Today we are going to do a productive thinking lesson" Review the four productive thinking behavior with the pupils.
2. Say "Suppose we had a guest visit us from another country. Let's list some ways we could show respect for this person." Students orally respond.
3. Shift now to the productive thinking talent "Today we are going to use our productive thinking talent to list all many, varied and unusual ways that we would like people to show respect to ourselves. I want you to think about how you would like to be treated, how you would like your parents, friends, brothers, or sisters to be treated?"
4. Allow some thinking time, record their area answers on chart paper - Encourage response that reflect fluent, flexible and original thinking.
5. In a group classify the answers using the headings kindness, fairness, honest, courtesy or respect.
6. Students make a chart of their own using the ideas given on the class chart. Title "How I want to be treated"

Headings:

Kindness	Fairness
1.	1.
2.	2.
Honesty	**Respect**
1.	1.
2.	2.

Created by: VIVIAN TAYLOR -- 1/31/90

GRADE 4

LESSON: HDI4.3

GRADE LEVEL: 4
COMMUNICATION ARTS/ ART/
COMPUTER (VOCATIONAL ED)

RESPECT

PURPOSE: To respect oneself and others.

ACTIVITY: Each child will write a few sentences on the computer about respect. What it means to them.

MATERIALS: Computer
8 x 12 drawing paper

PROCEDURE:
1. Any writing program will work. Fred Writer or other programs.
2. Each student should have 10 minutes to write 1 or 2 sentences about "What respect means to them".
3. While each student writes their sentences on the computer, the other students can be drawing a picture showing them being respectful to someone else.
4. They can put a title on their picture to describe what it is about or they may write a sentence about the picture on the front or back.

Created by: NINA HODGES -- 12/11/89

LESSON: HDI4.1

GRADE LEVEL: 4
GUIDANCE/ART/
COMMUNICATION ARTS

I AM GOOD AT

PROCEDURES: To build self-confidence with things that students feel good about.

ACTIVITY: Talk about things that people are good at. Sports, the arts or other things.

MATERIALS: 12 x 14 paper with several lines at the bottom.

PROCEDURE:

1. Have a discussion about some famous people who are good at their talents - stars, sports or singers etc.
2. Explain that not all people are talented in the same way but that through some self confidence and work those people have become very good at a certain area.
3. Have each student say something they are good at, all students should have one thing they are good at.
4. On their paper, they can draw a picture of themselves doing something they are good at and write 3 or 4 sentences describing what they are good at.

Created by: NINA HODGES -- 12/11/89

GRADE 5

VISIONS : DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDI5.7

GRADE LEVEL: 5
COMMUNICATION ARTS

THE DESIGNATED DESCRIPTOR

OBJECTIVE: Student will compare their view of themselves with the perspectives of others.

PURPOSE: Self-evaluation

ACTIVITIES: Making a Descriptor list
Finding 3 people to describe you

MATERIALS: Worksheet

PROCEDURE:

1. Verify that students know what a descriptor is...basically, a descriptor is an adjective.
2. Hand out copies of the worksheet, THE DESIGNATED DESCRIPTOR.
3. Help students fill out the list of ten words that describe them.
4. Provide time and opportunity for the students to find three people to make a list of descriptors. Preferably at least 2 of the three people should be adults.
5. Gather together again, and complete the rest of the worksheet.
6. Ask each student to choose one descriptor word written by one of the people who recorded descriptors describing them, and comment on it--Did it surprise them? Does it please them? Had they ever thought of themselves that way before?
7. #5 on the worksheet lends itself well to a "class closing" activity. At the end of the period, go around the class and have each child complete the first statement. If time permits, continue going around the class having each student complete the same statement until all statements have been explored.

Created by: DEBRA DORRANCE -- 2/6/91

Worksheet>>>

Name ______________________________________

THE DESIGNATED DESCRIPTOR : PERSONALITY DESCRIPTORS

1. Did you ever think about how others view you? Do you appear to others as you do to yourself?

2. Make a list of ten words that you think describe you accurately.

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

2. Complete the following task:

a. Get three sheets of paper. At the top of each, write :
"Record 5 adjectives that you feel describe ______ (your name)."

b. Choose 3 people you trust and are comfortable with. Have them fill out the sheet listing descriptors that apply to you.

c. Take a look at all three sheets.

3. Did they choose to use any of the descriptors that you used to describe yourself? If so, list them here:

4. What DESCRIPTOR can you come up with that you consider to be a strength as well as a weakness? Explain why it is a strength or a weakness.

5. In closing, let's take a look at some "positives" in your life :
Complete the statements below :

I am proud that I have ____________

I am proud that I can ____________

I am proud that I don't ____________

I am proud that I am ____________

I am proud when ____________

I am happy to have ____________

It would really please me if ____________

I am lucky to be ____________

VISIONS -- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI5.6

GRADE LEVEL: 5
COMMUNICATION ARTS

SELF-DISCOVERY AND YOU

OBJECTIVE: Students will reflect on what they are and how they describe themselves.

PURPOSE: To provide students with an informal inventory of themselves.

ACTIVITY: Complete the worksheet PERSONALITY DESCRIPTORS.

1. Students may fill sheets out individually.
2. Students may work in groups.

MATERIALS: Copies of the worksheet PERSONALITY DESCRIPTORS (Next Page)

PROCEDURE:

1. Decide whether in your classroom it would be better to have students work individually or in groups.
2. Provide students with the worksheet and resources:
    - thesaurus
    - dictionary
    - adjective list
    - grammar book (optional)
3. As an example, you may want to use the blackboard to list some personality descriptors that describe you, and reasons why they describe you.
4. After providing an example, have students begin work on their own.
5. When sheets are completed, have students share their list (or part of their list) of descriptors.
6. MENTION: How we view ourselves affects what we can accomplish in life. How might we go about changing how we describe (see) ourselves? Close with an open discussion.

Created by: DEBRA DORRANCE -- 2/6/91

WORKSHEET>>

PERSONALITY DESCRIPTORS.

IF you know what an adjective is, you know what a personality descriptor is. Basically, a personality descriptor is a word that describes you.

There are many places to find ADJECTIVES that describe you.

Ask a friend.

Take a moment to think about yourself, and record words that come to mind.

Use a thesaurus.

Look words up in the dictionary.

Feel free to add descriptors from any available source you can find.

Here is your task: Fill in the chart below, listing a word that describes you, and why you feel it describes you.

	LIST OF DESCRIPTORS	Why does this word describe you?
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Now, think about both your positive and your negative traits. Take a minute to think about your negative traits and fill in the chart below.

Fill in the chart below. Think seriously about the traits you choose, and how you might change them.

	NEGATIVE DESCRIPTORS	How I might change
1.		
2.		
3.		
4.		

VISIONS : DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDI5.8

GRADE LEVEL: 5
COMMUNICATION ARTS

WHAT'S SO DIFFERENT ??

OBJECTIVE: Students will take a personal inventory.

PURPOSE: Heighten student awareness of their uniqueness.

ACTIVITY: Open discussion of "differences" as perceived by the student and a friend or two.

MATERIALS: Work sheet (On next page)

PROCEDURE:

a. A discussion of "It's O.K. to be Different" or "Individuality" may be useful before completing this activity.

b. Provide each student with a copy of the work sheet for this lesson.

c. Divide students into groups. or allow students to choose a person to work with.

d. Instruct students to complete questions 1-7 together, helping each other if necessary.

e. Instruct students to complete #8 individually.

f. Ask student's to share their answers to #8 with you and the class, informally.

Created by: DEBRA DORRANCE -- 2/6/91

THAT DIFFERENCE OF DEGREE

Each person is different. Are you aware of the ways in which you are different? In your own words, describe how you feel toward the following categories.

1. CLOTHES:
2. FOOD:
3. FUN:

Now, let's not limit ourselves to categories. In general,

4. In what ways are you different?
5. Talk with a friend about the ways in which you are different. Does your friend see you in the same way as you see yourself? Explain.
6. How do you feel about the ways in which you are different?
7. Write a positive statement to show why you feel good about one way in which you are different
8. You have been thinking about what kind of a person you are. Now, decide what identity you would choose if you were to become each of the following objects.
    a. If I were a car, I would be a ...
    b. If I were a food, I would be ...
    c. If I were a flower, I would be ...
    d. If I were a musical instrument, I would be ...
    e. If I were a book, I would be ...
    f. If I were a phonograph record, I would be a ...
    g. If I were a building, I would be a ...
    h. If I were a piece of furniture, I would be a ...
    i. If I were an animal, I would be ...
    j. If I were a month of the year, I would be ...

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI5.10

GRADE LEVEL: 5
COMMUNICATION ARTS

JOURNAL WRITING

PURPOSE: To provide students with time to think and write about issues/incidents that are important to them.

ACTIVITY: Journal writing : 10 minutes a day for a week.

MATERIALS: Journal or notebook

PROCEDURE: Provide each student with a copy of the worksheet (below) and discuss the task at hand.

SUGGESTIONS: You may want to choose a topic that students write on each day. It may be a topic that is of importance to a unit you are currently studying.

WORKSHEET >>>

Name ____________________________________

1. JOURNAL EXERCISE ...Your life on instant replay...

A journal exercise entails jotting down brief notes and thoughts about a day in your life. You need not worry about correct punctuation, grammar, or style. You need not even concern yourself with content.

Beginning is difficult. It takes awhile to be able to "go with the flow", but it will happen if you write everyday.

*** Your assignment is to write in a journal once a day for a week.
Your journal may be part of a notebook, sheets of paper you keep together, or any other set up that is convenient for you.

*** Set aside 10 minutes a day for each week to write. You will be surprised how fulfilling it can be!.
Remember to date each journal entry. Enjoy yourself!

Created by: DEBRA DORRANCE--2/91

LESSON: HDI5.5

GRADE LEVEL: 5
HEALTH

SITUATIONS TO CONSIDER

PURPOSE: To have children "problem solve" and practice making decisions.
To improve decision making
To improve coping skills
To share ideas and options

ACTIVITY: Completion of the "SITUATIONS TO CONSIDER" Sheet

MATERIALS: Copies of the SITUATIONS TO CONSIDER SHEET (Next three pages) for each student

PROCEDURE : Have the class

a. Examine each problem presented on the sheet and

b. List choices of action

c. List some of the consequences that may result from the problem

d. Come up with a final solution

e. Make a decision

Have each student make his/her own decision concerning the problem.

f. Review with the students the fact that each decision will have consequences. Are they willing to accept the consequences of their decision?

g. Remind students that they are in control of their lives.

A self-talk phrase to remember is ...

" I have a choice "

SUGGESTIONS: You may want to have the students make up an additional list of situations that you can add to this list.

Created by: DEBRA DORRANCE--10/7/90

NAME ______________________________

..... SITUATIONS TO CONSIDER .....

1. YOU HAVE AN UPSET STOMACH. YOU ARE ALONE IN THE HOUSE. THERE ARE PILLS IN THE CABINET THAT THE DOCTOR PRESCRIBED FOR YOUR FATHER'S HEADACHES.

Choices a.____

b.____

c.____

Consequences a.____

b.____

c.____

DECISION • ____

2. YOU GO TO A PARTY AND YOUR FRIENDS LIGHT UP A JOINT OF MARIJUANA. THEY PASS IT TO YOU. YOU WANT TO TRY IT, BUT YOU KNOW YOUR PARENTS WOULD NOT APPROVE.

Choices a.____

b.____

c.____

Consequences a.____

b.____

c.____

DECISION • ____

3. YOU SPEND THE NIGHT AT A FRIEND'S HOUSE AND HE/SHE DECIDES SHE WANTS TO TAKE A CIGARETTE FROM HIS/HER PARENTS' PACK OF CIGARETTES AND TRY IT. YOU REALLY DON'T WANT TO TRY IT.

Choices a.______________________________

b.______________________________

c.______________________________

Consequences a.______________________________

b.______________________________

c.______________________________

DECISION * ______________________________

4. YOUR FRIEND'S PARENTS GO AWAY FOR THE WEEKEND. HE/SHE ASKS YOU TO SPEND THE NIGHT. YOUR PARENTS DO NOT KNOW THAT THERE WILL BE NO ADULTS IN THE HOUSE, AND SAY YOU CAN SPEND THE NIGHT.

Choices a.______________________________

b.______________________________

c.______________________________

Consequences a.______________________________

b.______________________________

c.______________________________

DECISION * ______________________________

5. GETTING OFF THE BUS, THE PERSON IN FRONT OF YOU DROPS A ROLL OF MONEY. NO ONE ELSE SEES THE MONEY FALL FROM THE PERSON'S POCKET.

Choices a.____

b.____

c.____

Consequences a.____

b.____

c.____

DECISION • ____

LESSON: HDI5.9

GRADE LEVEL: 5
MATHEMATICS

VALUES GALORE

OBJECTIVES: Students will explore their values.

PURPOSE: To help students recognize the need for "priorities."

ACTIVITY: Completion of work sheet, open discussion.

MATERIALS: Work sheet (Next Page)

PROCEDURE:

a. Using the blackboard, have a number of students write their definition of a value.

b. Use the dictionary and record the definition of VALUE on the board.

c. Depending on your class situation, you may choose to have the students work independently or in small groups.

d. Upon completion, discuss the answers each student choses.

SUGGESTION: Provide a blank worksheet for the students to take home to their parents. It could promote some discussion at the dinner table!

Created by: DEBRA DORRANCE -- 2/10/91

WORKSHEET>>

NAME______________________________________

VALUES GALORE

This lesson will help you find out what you value most.

We are going to make a chart. On the left are 10 items that you will "value." You have $1,000. You must decide how much money you would spend on each value. The more you spend for the value, the more you "value" it. You must spend all $1,000.

The total must be $1,000.

1.

Descriptor	Dollar Amount
confidence	
honesty	
friendliness	
beauty	
courage	
risk	
affection	
sexiness	
common sense	
strength	

total.... $1,000

2. **Now, take a look back and record the five traits for which you were willing to pay the highest price. Explain why you considered these traits to be of great value.**

LIST THE FIVE TRAITS FOR WHICH YOU WERE WILLING TO PAY A HIGH PRICE and explain why....

	Trait	Why?
a.		
b.		
c.		
d.		
e.		

3. Now, list five of the traits that you were least willing to buy. Explain why you did not choose to spend much money on these traits.

	Trait	Why?
a.		
b.		
c.		
d.		
e.		

LESSON: HDI5.11

GRADE LEVEL: 5 (10-11 years)
SOCIAL STUDIES

WORKING TOGETHER

PURPOSE: To teach other children to recognize that they are social beings, and to practice ways of relating to others to foster a sense of community and caring.
To promote positive self-image.
To improve coping skills.

ACTIVITY: To help children learn about themselves and their "community"

MATERIALS: Self portraits, old magazines.

PROCEDURE: 1. A joint project may be undertaken at the beginning of the school term. Its purpose is to assist the children in learning more about each individual, while developing a sense of "community." Some suggestions are:

a. Create a group poster or Mural about:

(1) The history of the town or school, using old snapshots, old newspaper articles, obsolete town maps, and researched stories about these places.

(2) Foreign countries or U.S. states that class members may have visited and that they may have pictures or stories of. Have the children form groups to research facts about each country or state. Collect postcards, pictures, and recipes to include in the mural.

(3) The history of the students' lives. A class "growth project" may be undertaken. It may include:

(a) Then:
- (1) Have each child bring in a baby picture.
- (2) Have a contest to determine which student can identify the most baby pictures accurately.

(b) Now:
- (1) Have each child bring in current pictures showing them involved in some activity or celebration.
- (2) Allow time to discuss the activities in the pictures.

(c) When:
- (1) Have each child decide a future goal. Have the children bring in pictures from magazines, etc. that deal with their future goal.
- (2) Allow time to discuss the reasons for their choice of future goals, as well as the preparation necessary to achieve it.

Created by: CAMMI WIESE--4/9/91

LESSON: HDI5.3

GRADE LEVEL: 5
GUIDANCE

GETTING ALONG WITH OTHERS

PURPOSE: To provide an opportunity for students to use positive actions for getting along with classmates.

ACTIVITY: A "positive pal" similar to a "secret pal".

MATERIALS: A slip of paper with each student's name.

PROCEDURES:

1. Give each of the students (or let them draw from a hat) a positive (secret) pal.
2. Tell the students that during the day they are to use as many of the following positive actions for friendship as they can for their positive pal.
    - A. Treat others as you would like to be treated.
    - B. Think of others' feelings.
    - C. Use tact.
    - D. Do something nice.
    - E. Smile.
    - F. Have a good sense of humor.
    - G. Look for the good in others.
    - H. Say nice things to and about others.
3. At the end of the day, ask the students who their Positive Pal is. Have them give one way this Positive Pal strengthened the friendship.

Created by: JOYE PEWONKA -- 2/4/90

60

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDI5.2

GRADE LEVEL: 5
GUIDANCE/COMMUNICATION ARTS

TACTFULNESS

PURPOSE: To teach children that tact is a way of getting along better with others.

ACTIVITY: Role playing - to show both positive and negative reactions to situations.

MATERIALS: None

PROCEDURES:

1. Write tact on the board. To be tactful is to say things in a kind and pleasant way. Encourage responses concerning why it is important to friendships.

2. Discuss the meaning of "I put my foot in my mouth" when we say things in anger or thoughtless ways we hurt people and don't mean to.

3. Everything can be said in a positive or a negative way. We will show this in the following situations.

4. Choose four people - give them the following situation - choose other students for each situation.

    A. As a students walks down the hall, another rushes around the corner and collides with him - everything flies. Show the negative/positive reactions.

    B. Your sister comes to the breakfast table wearing a dress you hate. Besides that, the dress is green which is not a good color on her.

    Explain that tact is not saying things you don't believe or saying things just to make someone feel good. It is handling a situation with consideration for someone's feelings. You should do the best you can to help a person feel good and still be as honest as you can.

5. Some people mistakenly think they have the right to say whatever comes to mind. Tact involves saying the right thing, but knowing when to say nothing. Someone once said, "Never miss an opportunity to keep your mouth shut".

    Think of situations in which that would be wise.

    Act out the situation.

6. Just for practice, spend the day being as tactful as you can. Say things in the kindest way you can.

Created by: JOYE PEWONKA -- 2/4/90

GRADE 6

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDI6.3

GRADE LEVEL: 6
COMMUNICATION ARTS

COMMUNITY RESOURCES DIRECTORY

PURPOSE: To help children identify resources for help with problem solving.

ACTIVITY: The students will create a community resource directory.

MATERIALS: Local phone book
Pens, paper

PROCEDURE:

1. Have the students make a list of people who can help them in an emergency situation.

   Examples:
   clergymen
   parents
   teacher
   doctors
   police
   hot-lines

2. Have students find phone #'s in the telephone book for service organizations in their community.

   Examples:
   suicide hot-lines
   pregnancy hot-lines
   Salvation Army
   Alanon
   Mental health agency
   The United Way
   Alateen
   Poison control center

3. Have each student request information from an organization.

   After reviewing the information, have the students describe the services offered by that organization.

4. Prepare a RESOURCE DIRECTORY which includes the organizations contacted by the students and a summary of the services offered by the organization.

SUGGESTIONS: Provide each student with 2 copies of the directory--One for their home, and one to be placed in the community by the student. Placement may include such places as offices, libraries, schools, or health clubs. Make a list of the places in the community that the COMMUNITY RESOURCE DIRECTORY has been placed.

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI6.21

GRADE LEVEL: 6
COMMUNICATION ARTS

APOTHECARY

OBJECTIVE: Students will be introduced to the term apothecary.

PHYSICAL SETTING: Classroom, either individual or class assignment setting.

STUDENT ACTIVITY: Students will read information provided, answer questions based on the reading, and complete a writing assignment.

PREPARATION/ MATERIALS/EQUIPMENT:
Writing paper
Quiet environment

EVALUATIONS: Written assignment will be evaluated by teacher based on what the student is asked to do in the writing assignment.

PROCEDURE: Put the following questions on the chalkboard.

Read the following article. Answer the questions as you read.

1. What does the term APOTHECARY mean?

2. What is the difference between a Apotheker and a Drogist?

3. What does the term pharmacist denote today?

> (Class may want to discuss these questions and the article in general. Then put the writing assignment on the chalkboard:
>
> The time is Colonial America. You are an only child, and have elderly parents. Write a story about an incident that causes you to decide to go to the apothecary. Describe why you go, what the apothecary prescribes, and how the remedy works.

Created by: DEBRA DORRANCE -- 5/5/91

READING:

SOURCE:

The Software Toolworks Illustrated Encyclopedia (TM)
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apothecary

{uh-pahth'-uh-kair-ee}

The term apothecary, derived from the Latin apotheca (a storage room for spices and drugs), refers to a person who sells spices and drugs. It is an old-fashioned term for PHARMACIST that originated in Europe in the late 13th century, when pharmacists began to be called apothecaries to distinguish them from the merchants who sold many other kinds of domestic goods as well as drugs. This distinction is preserved in Germany, where a pharmacist is called an Apotheker, whereas a Drogist sells cosmetics, dietetic aids, toiletries, candy, and those drugs and remedies not restricted to pharmacies.

In Britain the term has come to refer to a medical practitioner. As early as the late 16th century, the apothecary became a combination medical and PHARMACY practitioner. During the Great Plague in London (1665-66), apothecaries cared for the sick when most of the physicians who survived had fled the city. The apothecaries continued to devote more time to their medical practice than to pharmacy until 1841, when the board of examiners of the Society of Apothecaries noted that the term apothecary did not reflect the duties they performed and suggested instead that apothecaries should be referred to as general practitioners of medicine. In the same year, when the Pharmaceutical Society of Great Britain was founded to elevate the profession of pharmacy, a new class of practitioners of pharmacy was developed: the chemists and druggists, or pharmacists.

In colonial America a pharmacy operated by an apothecary or pharmacist was called an apothecary shop to distinguish it from a doctor's shop, a pharmacy operated by a medical practitioner. The term apothecary was recognized by the Continental Congress in 1775, when it established a medical department headed by a director-general and chief physician with a staff of four surgeons, one apothecary, and others. Two years later the duties of the apothecary were restricted to pharmaceutical tasks for the first time in America.

In the United States today, the term pharmacist denotes one who is licensed to practice pharmacy; some community pharmacists, however, have adopted the term apothecary to indicate that their pharmacies sell only pharmaceuticals and health service items, unlike other pharmacies that sell a wide variety of merchandise in addition to pharmaceuticals. This meaning of the term dates from 1940, the year that the American College of Apothecaries--a unique organization with stringent membership requirements--was organized.

Eunice B. Bardell

See also: PHARMACOLOGY; PHARMACOPOEIA.

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LESSON: HDI6.22

GRADE LEVEL: 6
COMMUNICATION ARTS

PROHIBITION

OBJECTIVE:	Students will be introduced to the era of prohibition.
PHYSICAL SETTING:	Classroom
TEACHER INSTRUCTION:	Teacher will provide student with help when necessary.
STUDENT ACTIVITY:	Student will "role play" and write a letter "in character".
MATERIALS:	Good old pen and paper (maybe pencil for first draft).
PROCEDURE:	Read the information provided about prohibition. Class may want to discuss the article before beginning the writing assignment. Choose a "character" to assume, and from that characters point of view, write a letter in which you tell a friend you just found out about "prohibition". Tell your friend what you think. Your letter should be about 1 page in length.
EVALUATIONS:	Teacher will evaluate student writing based on what the student is asked to do in the writing assignment.

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prohibition

{proh-uh-bish'-uhn}

In U.S. history the era of prohibition was the period (1920-33) when the 18TH AMENDMENT to the U.S. Constitution forbade the manufacture, sale, and transportation of alcoholic beverages. Known as the Noble Experiment, national prohibition was the product of a century-long reform movement. Prohibitionists, who viewed alcohol as a dangerous drug that destroyed lives and disrupted families and communities, argued that it was the government's responsibility to free citizens from the temptation of drink by barring its sale. Prior to the Civil War several states had enacted prohibition laws, but most were repealed before 1865.

A new wave of prohibition sentiment swept the evangelical Protestant churches in the 1880s and '90s. Organized by the Woman's Christian Temperance Union (see WCTU), the Anti-Saloon League of America (see TEMPERANCE MOVEMENT), and the National Prohibition party, prohibitionists pressed for state and local restrictions and, after 1913, for an amendment to the federal Constitution. The 18th Amendment was finally ratified in January 1919, and 9 months later Congress passed the Volstead Act, which provided for the enforcement of the amendment.

The law, which was enforced sporadically at best, met with widespread opposition. BOOTLEGGING (to make, carry, or sell liquor illegally), speakeasies (illegal saloons), and smuggling (known as rum-running) all flourished, largely under the control of gangster elements. Opponents, known as "wets," claimed that not only was prohibition ineffective, but also that it represented an unnecessary restriction on personal choice. They mounted a campaign to annul the law, and were successful in 1933, when the 21ST AMENDMENT was ratified. It repealed the 18th Amendment and negated the Volstead Act, although prohibition remained a local option and was retained in some areas.

K. Austin Kerr

Bibliography:
Asbury, Herbert, Great Illusion: Prohibition (1950; repr. 1968);
Blocker, Jack S., Retreat from Reform: the Prohibition Movement in the United States, 1890-1913 (1976); Clark, Norman, Deliver Us From Evil: An Interpretation of American Prohibition (1976); Coffey, Thomas M., The Long Thirst: Prohibition in America, 1920-1933 (1975); Kerr, K. Austin, The Politics of Moral Behavior: Prohibition and Drug Abuse (1973); Sinclair, Andrew, Prohibition (1962); Timberlake, J. H., Prohibition and the Progressive Movement, 1900-1920 (1963).

LESSON: HDI6.11 GRADE LEVEL: 6
COMMUNICATION ARTS

WRITING PARAGRAPHS: A DRUG EDUCATION SERIES
WHAT IS A DRUG ?

PURPOSE: **"WRITING PARAGRAPHS : A DRUG EDUCATION SERIES" is designed to be used by the classroom teacher as a vehicle that can help deliver needed understanding of drugs while perfecting the students' writing skills.**

MATERIALS: The series consists of lessons HDI6.11 - HDI6.20
The lessons may be used in a series or as individual lessons that stand alone.
The lessons are centered around FACTS SHEETS that are included with the appropriate lesson.

ACTIVITY: The focus of each activity will be
a. reading a FACT SHEET
b. using a provided structure to form a paragraph
c. writing a paragraph
d. sharing your paragraph with class or teacher

NOTES TO THE TEACHER

WRITING PARAGRAPHS requires

a. practice in recognizing the parts of a paragraph.
b. practice recognizing different types of paragraphs.

Many students have difficulty writing a paragraph that has one main idea. That is why we will use a "pattern" to ensure success. You may want to use the patterns and write a few paragraphs together, you recording the paragraph on the board while your students write the paragraph on their work sheets.

Students that have had writing experience may be comfortable completing the lessons independently.

The four major forms of discourse are as follows:

a. DESCRIPTIVE paragraphs : describe something
b. EXPOSITORY paragraphs : explain something
c. PERSUASIVE paragraphs : persuade your reader
d. NARRATIVE paragraphs : tell a story

Each type of paragraph requires the use of a different structure. The student will be prompted by cues stating the information they should record.

DIRECTIONS:

1. Give each child a copy of the work sheet.
2. Provide each student with a copy of FACT SHEET HDFK.1 (Following)
3. Review both sheets with the students.
4. Read aloud the FACT SHEET if you are completing the assignment as a class, or instruct the student to read it before completing the assignment if it is being completed individually.
5. Be sure to use the completed paragraphs to your advantage copying the words and using as much space as you need to fill in where the ... appear. Share the paragraphs with the class, display the paragraphs for other classes to see, and even try to arrange a show case of the students' work in your school building.

SUGGESTIONS: Use the structure provided for each type of paragraph "Plugging in" information is much less intimidating than writing a paragraph without such a structure!

Created by: DEBRA DORRANCE -- 3/3/91

WORK SHEET: HDI6.11

WRITING PARAGRAPHS : A DRUG EDUCATION SERIES
WHAT IS A DRUG?

Name____

Read FACT SHEET HDFK.1

There are four major types of paragraphs. The type of paragraph we will be writing today is an EXPOSITORY PARAGRAPH. The word EXPOSITORY means to EXPLAIN or INFORM. You will be explaining what a drug is in your paragraph.

TOPIC : WHAT IS A DRUG?

A drug is ...

Some common drugs I am familiar with include ...

The effects common drugs have on the body vary. Some of the effects include ...

Of the common drugs mentioned, some are used for medical purposes. These common drugs are...

Some common drugs are used for other purposes ...

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDFK.1 (FACT SHEET)

WHAT IS A DRUG?

Almost any substance a person ingests will change the way that person's mind or body functions, so we've made the definition of a drug less inclusive and therefore more meaningful by eliminating "food" from the definition.

Moreover, consumption of food is a natural process necessary for sustenance of life, while the consumption of drugs is a supplementary activity more deserving of our attention here. What follow is a list of several common drugs and a brief, very basic description of their major effects. These statements have been written with the K-1 child in mind.

ALCOHOL (e.g., beer, wine, liquor) - makes the body slow down and the user feel dizzy
ANTIBIOTIC - helps fight some germs
ASPIRIN - makes some pain go away
COUGH SYRUP - coats the throat, stops coughing
HEROIN - makes the user feel less pain, slows the body down
INSULIN - helps treat diabetes
MARIJUANA - makes the body slow down and the user feel dazed
NICOTINE - makes the heart beat faster, increases breathing
STIMULANTS (e.g., caffeine, amphetamines) - make the body speed up

Some of the drugs listed above-antibiotics, cough syrup, and insulin-are legitimately used for medical reasons. Others, particularly alcohol in the form if wine, are used in certain religious ceremonies. The rest of the drugs have limited or no medical or religious use in the U.S.. The point to be made is that, beneficial or harmful, drugs are powerful, and should be taken by children only under the supervision of a trusted adult for specific medical or religious purposes.

Created by: P. DORRANCE -- 11/28/89

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON HDI6.12

GRADE LEVEL: 6
COMMUNICATION ARTS

WRITING PARAGRAPHS: A DRUG EDUCATION SERIES
BE SAFE FROM POISONS

PURPOSE: "WRITING PARAGRAPHS : A DRUG EDUCATION SERIES" is designed to be used by the classroom teacher as a vehicle that can help deliver needed understanding of drugs while perfecting the students' writing skills.

ACTIVITY: The focus of each activity will be

a. reading a FACT SHEET
b. using a provided structure to form a paragraph
c. writing a paragraph
d. sharing your paragraph with class or teacher

MATERIALS: The series consists of lessons HDI6.11 - HDI6.20
The lessons may be used in a series or as individual lessons that stand alone.
The lessons are centered around FACTS SHEETS that are included with the appropriate lesson.

PROCEDURE: NOTES TO THE TEACHER

WRITING PARAGRAPHS requires

a. practice in recognizing the parts of a paragraph.
b. practice recognizing different types of paragraphs.

Many students have difficulty writing a paragraph that has one main idea. That is why we will use a "pattern" to ensure success. You may want to use the patterns and write a few paragraphs together, you recording the paragraph on the board while your students write the paragraph on their work sheets.

Students that have had writing experience may be comfortable completing the lessons independently.

The four major forms of discourse are as follows:

a. DESCRIPTIVE paragraphs : describe something
b. EXPOSITORY paragraphs : explain something
c. PERSUASIVE paragraphs : persuade your reader
d. NARRATIVE paragraphs : tell a story

Each type of paragraph requires the use of a different structure. The student will be prompted by cues stating the information they should record.

DIRECTIONS:

1. Give each child a copy of the work sheet.
2. Provide each student with a copy of FACT SHEET... HDF2.1
3. Review both sheets with the students.
4. Read aloud the FACT SHEET if you are completing the assignment as a class, or instruct the student to read it before completing the assignment if it is being completed individually.
5. Be sure to use the completed paragraphs to your advantage copying the words and using as much space as you need to fill in where the ... appear. Share the paragraphs with the class, display the paragraphs for other classes to see, and even try to arrange a show case of the students' work in your school building.

SUGGESTIONS: Use the structure provided for each type of paragraph when requiring students to write paragraphs. "Plugging in" information is much less intimidating than writing a paragraph!

Created by: DEBRA DORRANCE -- 3/3/91

WORK SHEET : HDI6.12 WRITING PARAGRAPHS : A DRUG EDUCATION SERIES
BE SAFE FROM POISONS

Name________________________________

Read FACT SHEET ... HDF2.1

There are four major types of paragraphs. The type of paragraph we will be writing today is a PERSUASIVE PARAGRAPH. The word PERSUASIVE means to INFLUENCE. You will be attempting to persuade your audience to be safe from poisons.

TOPIC ... THE IMPORTANCE OF BEING SAFE FROM POISONS

It is important to protect your child from the poisons that are often found within the home, because ..., ..., and ... (Why?)(List three reasons)

Some ways to safeguard your children from poisons which may help save your child's life. are ..., ..., and ...

In conclusion, remember ...

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDF2.1 GRADE LEVEL: 2
FACT SHEET

BE SAFE FROM POISONS

Most homes contain dozens of poisons which can be hazardous to children-cleaning and laundry products, baby oil, over-the-counter medications, toiletries, paint, fertilizers, furniture and car polish, gasoline products. Three-quarters of the call commonly received by Poison Control Centers concern children 5 and younger. For these children, the most common sources of poison which cause death are vitamins, cologne and perfume, and aspirin. For children over 5, the most common sources are alcohol and gasoline (Children at this age often commit these acts knowingly, e.g., to gain attention).

Some measures for safeguarding children from poisons include the following:

- keeping all poisons in their original containers
- using childproof lids on medications
- storing dangerous ingredients out of reach of children
- placing poison stickers on dangerous products
- removing or isolating poisonous house plants
- removing poisonous berries for yard plants

If someone has been poisoned, the local Poison Control Center should be called (or else a doctor, hospital emergency room, Fire Department rescue squad, or ambulance-many communities have 911 emergency numbers). Do not make the victim vomit if the poison is a corrosive or petroleum product, or if the victim is unconscious; otherwise, try to make the victim vomit.

MEDICATIONS

Giving children medications requires special precautions, since it is largely by misuse that injury occurs. The following are guidelines for the proper use of medications.

- Give your child medication exactly as directed.
- If you have any questions at all, consult your pharmacist or doctor.
- Discard unused medication and any medication past its expiration date.
- Never give medication in the dark; think about what you are doing!
- Keep medication away from direct sunlight or high humidity.
- Keep drugs fresh; do not buy them in large quantities.
- Make sure your physician knows about all the drugs you are using.
- Never share medication, even if the symptoms are similar.
- Be sure that children take children's dosages.
- Never mix medications together, e.g., in a pillbox.
- Try to use only one pharmacist for all your drug needs.

Created by: DEBRA DORRANCE -- 11/27-89

LESSON HDI6.13

GRADE LEVEL: 6
COMMUNICATION ARTS

WRITING PARAGRAPHS: A DRUG EDUCATION SERIES
MEDICATIONS

PURPOSE: "WRITING PARAGRAPHS : A DRUG EDUCATION SERIES" is designed to be used by the classroom teacher as a vehicle that can help deliver needed understanding of drugs while perfecting the students' writing skills.

ACTIVITY: The focus of each activity will be

a. reading a FACT SHEET
b. using a provided structure to form a paragraph
c. writing a paragraph
d. sharing your paragraph with class or teacher

MATERIALS: The series consists of lessons HDI6.11 - HDI6.2
The lessons may be used in a series or as individual lessons that stand alone.
The lessons are centered around FACTS SHEETS that are included with the appropriate lesson.

PROCEDURE: NOTES TO THE TEACHER

WRITING PARAGRAPHS requires

a. practice in recognizing the parts of a paragraph.
b. practice recognizing different types of paragraphs.

Many students have difficulty writing a paragraph that has one main idea. That is why we will use a "pattern" to ensure success. You may want to use the patterns and write a few paragraphs together, you recording the paragraph on the board while your students write the paragraph on their work sheets.

Students that have had writing experience may be comfortable completing the lessons independently.

The four major forms of discourse are as follows:

a. DESCRIPTIVE paragraphs : describe something
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c. PERSUASIVE paragraphs : persuade your reader
d. NARRATIVE paragraphs : tell a story

Each type of paragraph requires the use of a different structure. The student will be prompted by cues stating the information they should record.

DIRECTIONS:

1. Provide each child a copy of the work sheet.
2. Provide each student with a copy of FACT SHEET HDF2.1 (follows)
3. Review both sheets with the students.
4. Read aloud the FACT SHEET if you are completing the assignment as a class, or instruct the student to read it before completing the assignment if it is being completed individually.
5. Be sure to use the completed paragraphs to your advantage, copying the words and using as much space as you need to fill in where the ... appear. Share the paragraphs with the class, display the paragraphs for other classes to see, and even try to arrange a show case of the students' work in your school building.

SUGGESTIONS: Use the structure provided for each type of paragraph when requiring students to write paragraphs. "Plugging in" information is much less intimidating than writing a paragraph!

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WORK SHEET :HDI6.13 WRITING PARAGRAPHS : A DRUG EDUCATION SERIES

MEDICATIONS

Name______________________________

Read FACT SHEET HDF2.1, MEDICATIONS

There are four major types of paragraphs. The type of paragraph we will be writing today is an EXPOSITORY PARAGRAPH. The word EXPOSITORY means to EXPLAIN or INFORM. You will be explaining how medications can be misused.

TOPIC : MEDICATIONS

Giving children medications requires some planning. It is important that children know the difference between medication and "treats" because

____

It is largely because of misuse of medications that injuries occur. Two examples of misuse of medications are ... and ...

If some simple simple guidelines are followed by adults, children can be safe from misuse. First, ...

Secondly, ...

Additionally, ...

Lastly, remember to always ...

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDF2.1
FACT SHEET

GRADE LEVEL: 2

BE SAFE FROM POISONS

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If someone has been poisoned, the local Poison Control Center should be called (or else a doctor, hospital emergency room, Fire Department rescue squad, or ambulance-many communities have 911 emergency numbers). Do not make the victim vomit if the poison is a corrosive or petroleum product, or if the victim is unconscious; otherwise, try to make the victim vomit.

MEDICATIONS

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- If you have any questions at all, consult your pharmacist or doctor.
- Discard unused medication and any medication past its expiration date.
- Never give medication in the dark; think about what you are doing!
- Keep medication away from direct sunlight or high humidity.
- Keep drugs fresh; do not buy them in large quantities.
- Make sure your physician knows about all the drugs you are using.
- Never share medication, even if the symptoms are similar.
- Be sure that children take children's dosages.
- Never mix medications together, e.g., in a pillbox.
- Try to use only one pharmacist for all your drug needs.

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VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON HDI6.14

GRADE LEVEL: 6
COMMUNICATION ARTS

WRITING PARAGRAPHS: A DRUG EDUCATION SERIES
CHEMICAL DEPENDENCY

PURPOSE: "WRITING PARAGRAPHS : A DRUG EDUCATION SERIES" is designed to be used by the classroom teacher as a vehicle that can help deliver needed understanding of drugs while perfecting the students' writing skills.

ACTIVITY: The focus of each activity will be

a. reading a FACT SHEET
b. using a provided structure to form a paragraph
c. writing a paragraph
d. sharing your paragraph with class or teacher

MATERIALS: The series consists of lessons HDI6.11 - HDI6.20
The lessons may be used in a series or as individual lessons that stand alone.
The lessons are centered around FACTS SHEETS that are included with the appropriate lesson.

NOTES TO THE TEACHER

WRITING PARAGRAPHS requires

a. practice in recognizing the parts of a paragraph.
b. practice recognizing different types of paragraphs.

Many students have difficulty writing a paragraph that has one main idea. That is why we will use a "pattern" to ensure success. You may want to use the patterns and write a few paragraphs together, you recording the paragraph on the board while your students write the paragraph on their work sheets.

Students that have had writing experience may be comfortable completing the lessons independently.

The four major forms of discourse are as follows:

a. DESCRIPTIVE paragraphs : describe something
b. EXPOSITORY paragraphs : explain something
c. PERSUASIVE paragraphs : persuade your reader
d. NARRATIVE paragraphs : tell a story

Each type of paragraph requires the use of a different structure. The student will be prompted by cues stating the information they should record.

DIRECTIONS:

1. Give each child a copy of the work sheet.
2. Provide each student with a copy of FACT SHEET ..... HDFK.4 (following)
3. Review both sheets with the students.
4. Read aloud the FACT SHEET if you are completing the assignment as a class, or instruct the student to read it before completing the assignment if it is being completed individually.
5. Be sure to use the completed paragraphs to your advantage copying the words and using as much space as you need to fill in where the ... appear. Share the paragraphs with the class, display the paragraphs for other classes to see, and even try to arrange a show case of the students' work in your school building.

SUGGESTIONS: Use the structure provided for each type of paragraph when requiring students to write paragraphs. "Plugging in" information is much less intimidating than writing a paragraph!

Created by: DEBRA DORRANCE -- 3/3/91

WORK SHEET: HDI6.14 WRITING PARAGRAPHS : A DRUG EDUCATION SERIES

CHEMICAL DEPENDENCY

Name________________________________

Read FACT SHEET *HDFK.4*

There are four major types of paragraphs. The type of paragraph we will be writing today is an EXPOSITORY PARAGRAPH. The word EXPOSITORY means to EXPLAIN or INFORM. You will be explaining the myths and facts of chemical dependency.

TOPIC : CHEMICAL DEPENDENCY

Many facts about chemical dependency have been made known to the public.

As well as facts, though, many myths are also still believed by those who receive information from unauthorized sources, or do not have reliable sources to ask. One myth is that ...

The fact is that ...

Another myth is that ...

When in reality the "fact" is ...

Lastly, it is not true that ...

The truth is ...

In conclusion, ...

LESSON: HDFK.4 (FACT SHEET)

CHEMICAL DEPENDENCY

MYTHS AND FACTS ABOUT CHEMICAL DEPENDENCY

MYTH: Most alcoholics and other drug addicts are men, skid road bums, and middle-aged.

FACT: Chemical dependency shows no favorites. Although some groups of people are at less risk than others, chemical dependency is found among both sexes and all classes and ages of people. Very few abusers conform to the stereotype of the skid road bum. Further, the proportion of women to men drug abusers has been increasing in recent years.

MYTH: People who are dependent on alcohol and other drugs use drugs every day.

FACT: Chemical dependency is not determined by how often people use drugs, but whether or not they can control their use once they start.

MYTH: You're not an addict unless you are shooting drugs.

FACT: People ingest drugs in a variety of ways. Drugs can be shot, snorted, eaten, swallowed, and smoked. Dependency can develop by any of these routes of ingestion. Alcohol is the country's number-one drug problem. About 500,000 Americans are addicted to heroin, but over 15,000,000 are addicted to alcohol.

MYTH: Alcoholism and other drug addictions are untreatable.

FACT: Many people can recover from a dependency on drugs, while others cannot. Recovery is a lifelong process that requires the individual to abstain totally from the drug on which she/he is dependent.

MYTH: Discipline is the answer to the problem of drug addicts.

FACT: Drug addiction, including alcoholism, is a medical problem. People who are sick need help-medical attention, counseling, education, and therapy.

MYTH: Addicts only hurt themselves.

FACT: They also hurt their families, friends, employers, and strangers on the highways.

MYTH: "I'll never drink like my Dad/Mom/brother/sister."

FACT: For whatever reason, alcoholism and other drug addictions run in families. If someone in an individual's immediate family has a problem with drugs, then that individual is at high risk for drug abuse.

SYMPTOMS OF CHEMICAL DEPENDENCY

The progression of drug use to abuse and to dependency is usually gradual (though far quicker for teenagers than for adults): Certain aspects of life are discarded and others taken on. In general, chemical dependency is characterized by compulsion to take the drug, loss of control over itsuse, and continued use despite adverse consequences. Other symptoms depend on the type of drug taken and the methods by which the drug is administered. A list of common symptoms of alcoholism and other drug addictions follows, with the earlier symptoms presented first:

increase in tolerance
memory blackouts
sneaking of drug use
decrease of ability to stop when others do
complaints by family
feelings of guilt
extreme behavior
failure of efforts to control drug use
avoidance of family and friends
work and money troubles
tremors
lengthy intoxications
unreasonable resentments
inability to initiate action
physical deterioration
impaired thinking
obsession with drug use
denial of problem

The significant shifts in behavior as chemical dependency develops are those associated with the user's orientation, such that obtaining and using the drug occupies a growing share of that person's productive efforts. These changes are typically a phasing out of friends who do not contribute to or support the drug use, of activities which do not permit or facilitate the drug use, and of beliefs and opinions which act against the continued drug use. As the individual becomes fully chemically dependent, the non-drug aspects of the user's life become peripheral except when they make possible the purchase and use of the drug.

Created by: P. DORRANCE -- 12/1/89

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON HDI6.15

GRADE LEVEL: 6
COMMUNICATION ARTS

WRITING PARAGRAPHS: A DRUG EDUCATION SERIES
SYMPTOMS OF CHEMICAL DEPENDENCY

PURPOSE: "WRITING PARAGRAPHS : A DRUG EDUCATION SERIES" is designed to be used by the classroom teacher as a vehicle that can help deliver needed understanding of drugs while perfecting the students' writing skills.

ACTIVITY: The focus of each activity will be

a. reading a FACT SHEET
b. using a provided structure to form a paragraph
c. writing a paragraph
d. sharing your paragraph with class or teacher

MATERIALS: The series consists of lessons HDI6.11 - HDI6.20
The lessons may be used in a series or as individual lessons that stand alone.
The lessons are centered around FACTS SHEETS that are included with the appropriate lesson.

PROCEDURE: NOTES TO THE TEACHER

WRITING PARAGRAPHS requires

a. practice in recognizing the parts of a paragraph.
b. practice recognizing different types of paragraphs.

Many students have difficulty writing a paragraph that has one main idea. That is why we will use a "pattern" to ensure success. You may want to use the patterns and write a few paragraphs together, you recording the paragraph on the board while your students write the paragraph on their work sheets.

Students that have had writing experience may be comfortable completing the lessons independently.

The four major forms of discourse are as follows:

a. DESCRIPTIVE paragraphs : describe something
b. EXPOSITORY paragraphs : explain something
c. PERSUASIVE paragraphs : persuade your reader
d. NARRATIVE paragraphs : tell a story

Each type of paragraph requires the use of a different structure. The student will be prompted by cues stating the information they should record.

DIRECTIONS:

1. Give each child a copy of the work sheet.
2. Provide each student with a copy of FACT SHEET HDFK.4
3. Review both sheets with the students.
4. Read aloud the FACT SHEET if you are completing the assignment as a class, or instruct the student to read it before completing the assignment if it is being completed individually.
5. Be sure to use the completed paragraphs to your advantage copying the words and using as much space as you need to fill in where the ... appear. Share the paragraphs with the class, display the paragraphs for other classes to see, and even try to arrange a show case of the students' work in your school building.

SUGGESTIONS: Use the structure provided for each type of paragraph when requiring students to write paragraphs. "Plugging in" information is much less intimidating than writing a paragraph!

Created by: DEBRA DORRANCE -- 3/3/91

SYMPTOMS OF CHEMICAL DEPENDENCY

Name______________________________________

Read FACT SHEET HDFK.4 (following page)

There are four major types of paragraphs. The type of paragraph we will be writing today is an EXPOSITORY PARAGRAPH. The word EXPOSITORY means to EXPLAIN or INFORM. You will be explaining what a drug is in your paragraph.

TOPIC : SYMPTOMS OF CHEMICAL DEPENDENCY

Chemical dependency in our society is very common. It is important to be aware of the symptoms of chemical dependency. Chemical dependency is characterized by ...

Many common symptoms can be easily recognized. These include ..., ..., ..., and ...

Because of the many individuals in our lives that will be affected by chemical dependency, it is important that we ...

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDFK.4 (FACT SHEET)

CHEMICAL DEPENDENCY

MYTHS AND FACTS ABOUT CHEMICAL DEPENDENCY

MYTH:	Most alcoholics and other drug addicts are men, skid road bums, and middle-aged.
FACT:	Chemical dependency shows no favorites. Although some groups of people are at less risk than others, chemical dependency is found among both sexes and all classes and ages of people. Very few abusers conform to the stereotype of the skid road bum. Further, the proportion of women to men drug abusers has been increasing in recent years.
MYTH:	People who are dependent on alcohol and other drugs use drugs every day.
FACT:	Chemical dependency is not determined by how often people use drugs, but whether or not they can control their use once they start.
MYTH:	You're not an addict unless you are shooting drugs.
FACT:	People ingest drugs in a variety of ways. Drugs can be shot, snorted, eaten, swallowed, and smoked. Dependency can develop by any of these routes of ingestion. Alcohol is the country's number-one drug problem. About 500,000 Americans are addicted to heroin, but over 15,000,000 are addicted to alcohol.
MYTH:	Alcoholism and other drug addictions are untreatable.
FACT:	Many people can recover from a dependency on drugs, while others cannot. Recovery is a lifelong process that requires the individual to abstain totally from the drug on which she/he is dependent.
MYTH:	Discipline is the answer to the problem of drug addicts.
FACT:	Drug addiction, including alcoholism, is a medical problem. People who are sick need help-medical attention, counseling, education, and therapy.
MYTH:	Addicts only hurt themselves.
FACT:	They also hurt their families, friends, employers, and strangers on the highways.
MYTH:	"I'll never drink like my Dad/Mom/brother/sister."
FACT:	For whatever reason, alcoholism and other drug addictions run in families. If someone in an individual's immediate family has a problem with drugs, then that individual is at high risk for drug abuse.

SYMPTOMS OF CHEMICAL DEPENDENCY

The progression of drug use to abuse and to dependency is usually gradual (though far quicker for teenagers than for adults): Certain aspects of life are discarded and others taken on. In general, chemical dependency is characterized by compulsion to take the drug, loss of control over itsuse, and continued use despite adverse consequences. Other symptoms depend on the type of drug taken and the methods by which the drug is administered. A list of common symptoms of alcoholism and other drug addictions follows, with the earlier symptoms presented first:

increase in tolerance
memory blackouts
sneaking of drug use
decrease of ability to stop when others do
complaints by family
feelings of guilt
extreme behavior
failure of efforts to control drug use
avoidance of family and friends
work and money troubles
tremors
lengthy intoxications
unreasonable resentments
inability to initiate action
physical deterioration
impaired thinking
obsession with drug use
denial of problem

The significant shifts in behavior as chemical dependency develops are those associated with the user's orientation, such that obtaining and using the drug occupies a growing share of that person's productive efforts. These changes are typically a phasing out of friends who do not contribute to or support the drug use, of activities which do not permit or facilitate the drug use, and of beliefs and opinions which act against the continued drug use. As the individual becomes fully chemically dependent, the non-drug aspects of the user's life become peripheral except when they make possible the purchase and use of the drug.

Created by: P. DORRANCE -- 12/1/89

LESSON: HDI6.16

GRADE LEVEL: 6
COMMUNICATION ARTS

WRITING PARAGRAPHS: A DRUG EDUCATION SERIES
CHEMICAL DEPENDENCY IN THE FAMILY

PURPOSE: "WRITING PARAGRAPHS : A DRUG EDUCATION SERIES" is designed to be used by the classroom teacher as a vehicle that can help deliver needed understanding of drugs while perfecting the students' writing skills.

ACTIVITY: The focus of each activity will be

a. reading a FACT SHEET
b. using a provided structure to form a paragraph
c. writing a paragraph
d. sharing your paragraph with class or teacher

MATERIALS: The series consists of lessons HDI6.11 - HDI6.20
The lessons may be used in a series or as individual lessons that stand alone.
The lessons are centered around FACTS SHEETS that are included with the appropriate lesson.

NOTES TO THE TEACHER:

WRITING PARAGRAPHS requires :

a. practice in recognizing the parts of a paragraph.
b. practice recognizing different types of paragraphs.

Many students have difficulty writing a paragraph that has one main idea. That is why we will use a "pattern" to ensure success. You may want to use the patterns and write a few paragraphs together, you recording the paragraph on the board while your students write the paragraph on their work sheets.

Students that have had writing experience may be comfortable completing the lessons independently.

The four major forms of discourse are as follows:

a. DESCRIPTIVE paragraphs : describe something
b. EXPOSITORY paragraphs : explain something
c. PERSUASIVE paragraphs : persuade your reader
d. NARRATIVE paragraphs : tell a story

Each type of paragraph requires the use of a different structure. The student will be prompted by cues stating the information they should record.

PROCEDURE:

1. Give each child a copy of the work sheet which follows on the next page.
2. Provide each student with a copy of FACT SHEET HDFK.3 (follows the work sheet)
3. Review both sheets with the students.
4. Read aloud the FACT SHEET if you are completing the assignment as a class, or instruct the student to read it before completing the assignment if it is being completed individually.
5. Be sure to use the completed paragraphs to your advantage, copying the words and using as much space as you need to fill in where the ..... appear. Share the paragraphs with the class, display the paragraphs for other classes and/or students to see, and even try to arrange a show case of the students work in your school building.

SUGGESTIONS: Use the structure provided for each type of paragraph when requiring students to write paragraphs. "Plugging in" information is much less intimidating than writing a paragraph!

Created by: DEBRA DORRANCE--11/6/91

WORK SHEET: HDI6.16

WRITING PARAGRAPHS : A DRUG EDUCATION SERIES
CHEMICAL DEPENDENCY IN THE FAMILY

Name_______________________________________

Read FACT SHEET HDFK.3 (Next Page)

There are four major types of paragraphs. The type of paragraph we will be writing today is an

EXPOSITORY PARAGRAPH. The word EXPOSITORY means to EXPLAIN or INFORM. You will be explaining the effects of chemical dependency in the family.

TOPIC : Chemical Dependency In the Family

Chemical dependency in the family is not only the individual's problem, but ....

The family members often ....

Basically, there are two stages of family behavior. They are ....

The first stage is characterized by ....

The second stage is characterized by ....

The third stage is characterized by ....

The fourth stage is characterized by ....

Because of the effects chemical dependency has on the family unit, it is important to ....

LESSON: HDFK.3 (FACT SHEET)

CHEMICAL DEPENDENCY IN THE FAMILY

FAMILY STAGES

When a family member becomes a victim of alcoholism or another drug addiction, the rest of the family tends to teach in predictable ways. They may move through any or all of the following stages:

STAGE 1: DENIAL. Family members deny there is a problem; nonetheless, they try to hide the problem from themselves and others. The family feels embarrassed and becomes concerned with its reputation. Family members accept the chemically dependent person's excuses for excessive drug behavior and make excuses themselves. Relationships in the family become strained, and members try to create the "perfect family" illusion.

STAGE 2: HOME TREATMENT. Everyone tries to control the chemically dependent person's drug use, in a variety of ways - eliminating the supply of drugs, nagging, threatening, etc.. The family becomes socially isolated, and members feel themselves to blame. Low self-worth mounts as they fail to control the dependent family member.

STAGE 3: CHAOS AND DISORGANIZATION. A crisis occurs as a direct result of the dependent person's use of drugs, and the disease can no longer be denied or hidden. The family feels helpless, children become confused and frightened, family violence may occur, financial difficulties become pressing, and the family may seek outside help - with a desire for a "magic solution."

STAGE 4: REORGANIZATION. The family attempts to reorganize be easing the dependent person out of her/his family role and responsibilities. The dependent person is either ignored or treated like a child, and other family members remain torn with conflicting emotions - love, fear, guilt, anger, shame, and resentment.

FAMILY ROLES

Within this framework, family members - particularly children - develop certain roles which enable them to survive. Some of these roles are:

1. CHIEF ENABLER. Chief enablers assume primary responsibility for protecting the chemically dependent person and the other family members from the harmful consequences of the addiction. Chief enabler behavior includes lying about work or school absenteeism, covering financial debts, and making excuses for inappropriate actions.

2. FAMILY HERO. Family heroes assume responsibility for providing the family with self-worth. They often take on the role of family counselor, and are usually high achievers. Family heroes strive to be A students, participate in extracurricular activities, and appear to be extremely independent. Their feelings of low self-worth, fear, and loneliness conflict with their apparently successful behaviors.

3. FAMILY SCAPEGOAT. Family scapegoats cannot compete with family heroes, so they try to get attention be becoming troublemakers. The family then often directs its hostilities toward the family scapegoat, thus diverting the attention away from the real problem of chemical dependence. Family scapegoats soon become estranged form their families, develop strong peer group attachments, and often become chemically dependent themselves.

4. LOST CHILD. Lost children try to escape the family's crises by withdrawing. This withdrawal is often characterized by a retreat into a fantasy world of books or television. Family members appreciate the lost child, who doesn't cause any trouble; thus they reinforce the behavior. Lost children often become emotionally attached to a material possession that they can trust will always be there.

5. FAMILY MASCOT. Family mascots use humor and clowning to attract attention and also to distract the family from their problems. Family mascots can be hyperactive, and become accustomed to being the center of attention. When this attention is not forthcoming, they usually feel and extreme loss of self-worth.

These roles are often assumed throughout life, as long as survival is maintained. Children having grown up with a chemically dependent family member may end up interacting with their peers and then their own children in patterns similar to those in their former home life. The person usually requires outside help to break the pattern.

Created by: P. DORRANCE -- 11/29/89

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI6.17 GRADE LEVEL: 6
COMMUNICATION ARTS

WRITING PARAGRAPHS: A DRUG EDUCATION SERIES
CHEMICAL DEPENDENCY AND FAMILY ROLES

PURPOSE: "WRITING PARAGRAPHS : A DRUG EDUCATION SERIES" is designed to be used by the classroom teacher as a vehicle that can help deliver needed understanding of drugs while perfecting the students' writing skills.

ACTIVITY: The focus of each activity will be
- a. reading a FACT SHEET
- b. using a provided structure to form a paragraph
- c. writing a paragraph
- d. sharing your paragraph with class or teacher

MATERIALS: The series consists of lessons HDI6.11 - HDI6.20
The lessons may be used in a series or as individual lessons that stand alone.
The lessons are centered around FACTS SHEETS that are included with the appropriate lesson.

NOTES TO THE TEACHER

WRITING PARAGRAPHS requires

- a. practice in recognizing the parts of a paragraph.
- b. practice recognizing different types of paragraphs.

Many students have difficulty writing a paragraph that has one main idea. That is why we will use a "pattern" to ensure success. You may want to use the patterns and write a few paragraphs together, you recording the paragraph on the board while your students write the paragraph on their work sheets.

Students that have had writing experience may be comfortable completing the lessons independently.

The four major forms of discourse are as follows:

- a. DESCRIPTIVE paragraphs : describe something
- b. EXPOSITORY paragraphs : explain something
- c. PERSUASIVE paragraphs : persuade your reader
- d. NARRATIVE paragraphs : tell a story

Each type of paragraph requires the use of a different structure. The student will be prompted by cues stating the information they should record.

BEST COPY AVAILABLE

DIRECTIONS:

1. Give each child a copy of the work sheet.
2. Provide each student with a copy of FACT SHEET HDFK.3 (following)
3. Review both sheets with the students.
4. Read aloud the FACT SHEET if you are completing the assignment as a class, or instruct the student to read it before completing the assignment if it is being completed individually.
5. Be sure to use the completed paragraphs to your advantage copying the words and using as much space as you need to fill in where the ... appear. Share the paragraphs with the class, display the paragraphs for other classes to see, and even try to arrange a show case of the students' work in your school building.

SUGGESTIONS: Use the structure provided for each type of paragraph when requiring students to write paragraphs. "Plugging in" information is much less intimidating than writing a paragraph!

Created by: DEBRA DORRANCE -- 3/3/91

WORK SHEET: HDI6.17 WRITING PARAGRAPHS : A DRUG EDUCATION SERIES

CHEMICAL DEPENDENCY AND FAMILY ROLES

Name_______________________________

Read FACT SHEET HDFK.3

There are four major types of paragraphs. The type of paragraph we will be writing today is an EXPOSITORY PARAGRAPH. The word EXPOSITORY means to EXPLAIN or INFORM. You will be explaining what a drug is in your paragraph.

TOPIC : CHEMICAL DEPENDENCY AND FAMILY ROLES

When a family member becomes a victim of alcoholism or another drug addiction, the family tends to act in predictable ways. The five basic family roles that have been identified are ..., ..., ..., ... and ...

In brief, the chief enabler ...

The family hero...

The family scapegoat is likely to ...

The lost child tries to ...

And lastly, the family mascot uses ...

It is important to note that these roles can affect the rest of a person's life. For instance, ...

LESSON: HDFK.3 (FACT SHEET)

CHEMICAL DEPENDENCY IN THE FAMILY

FAMILY STAGES

When a family member becomes a victim of alcoholism or another drug addiction, the rest of the family tends to teach in predictable ways. They may move through any or all of the following stages:

STAGE 1: DENIAL. Family members deny there is a problem; nonetheless, they try to hide the problem from themselves and others. The family feels embarrassed and becomes concerned with its reputation. Family members accept the chemically dependent person's excuses for excessive drug behavior and make excuses themselves. Relationships in the family become strained, and members try to create the "perfect family" illusion.

STAGE 2: HOME TREATMENT. Everyone tries to control the chemically dependent person's drug use, in a variety of ways - eliminating the supply of drugs, nagging, threatening, etc.. The family becomes socially isolated, and members feel themselves to blame. Low self-worth mounts as they fail to control the dependent family member.

STAGE 3: CHAOS AND DISORGANIZATION. A crisis occurs as a direct result of the dependent person's use of drugs, and the disease can no longer be denied or hidden. The family feels helpless, children become confused and frightened, family violence may occur, financial difficulties become pressing, and the family may seek outside help - with a desire for a "magic solution."

STAGE 4: REORGANIZATION. The family attempts to reorganize be easing the dependent person out of her/his family role and responsibilities. The dependent person is either ignored or treated like a child, and other family members remain torn with conflicting emotions - love, fear, guilt, anger, shame, and resentment.

FAMILY ROLES

Within this framework, family members - particularly children - develop certain roles which enable them to survive. Some of these roles are:

1. CHIEF ENABLER. Chief enablers assume primary responsibility for protecting the chemically dependent person and the other family members from the harmful consequences of the addiction. Chief enabler behavior includes lying about work or school absenteeism, covering financial debts, and making excuses for inappropriate actions.

2. FAMILY HERO. Family heroes assume responsibility for providing the family with self-worth. They often take on the role of family counselor, and are usually high achievers. Family heroes strive to be A students, participate in extracurricular activities, and appear to be extremely independent. Their feelings of low self-worth, fear, and loneliness conflict with their apparently successful behaviors.

3. FAMILY SCAPEGOAT. Family scapegoats cannot compete with family heroes, so they try to get attention be becoming troublemakers. The family then often directs its hostilities toward the family scapegoat, thus diverting the attention away from the real problem of chemical dependence. Family scapegoats soon become estranged form their families, develop strong peer group attachments, and often become chemically dependent themselves.

4. LOST CHILD. Lost children try to escape the family's crises by withdrawing. This withdrawal is often characterized by a retreat into a fantasy world of books or television. Family members appreciate the lost child, who doesn't cause any trouble; thus they reinforce the behavior. Lost children often become emotionally attached to a material possession that they can trust will always be there.

5. FAMILY MASCOT. Family mascots use humor and clowning to attract attention and also to distract the family from their problems. Family mascots can be hyperactive, and become accustomed to being the center of attention. When this attention is not forthcoming, they usually feel and extreme loss of self-worth.

These roles are often assumed throughout life, as long as survival is maintained. Children having grown up with a chemically dependent family member may end up interacting with their peers and then their own children in patterns similar to those in their former home life. The person usually requires outside help to break the pattern.

Created by: P. DORRANCE -- 11/29/89

LESSON HDI6.18

GRADE LEVEL: 6
COMMUNICATION ARTS

WRITING PARAGRAPHS: A DRUG EDUCATION SERIES
THE BUSINESS OF DRUGS

PURPOSE: "WRITING PARAGRAPHS : A DRUG EDUCATION SERIES" is designed to be used by the classroom teacher as a vehicle that can help deliver needed understanding of drugs while perfecting the students' writing skills.

ACTIVITY: The focus of each activity will be
- a. reading a FACT SHEET
- b. using a provided structure to form a paragraph
- c. writing a paragraph
- d. sharing your paragraph with class or teacher

MATERIALS: The series consists of lessons HDI6.11 - HDI6.18
The lessons may be used in a series or as individual lessons that stand alone.
The lessons are centered around FACTS SHEETS that are included with the appropriate lesson.

NOTES TO THE TEACHER

WRITING PARAGRAPHS requires
- a. practice in recognizing the parts of a paragraph.
- b. practice recognizing different types of paragraphs.

Many students have difficulty writing a paragraph that has one main idea. That is why we will use a "pattern" to ensure success. You may want to use the patterns and write a few paragraphs together, you recording the paragraph on the board while your students write the paragraph on their work sheets.

Students that have had writing experience may be comfortable completing the lessons independently.

The four major forms of discourse are as follows:

- a. DESCRIPTIVE paragraphs : describe something
- b. EXPOSITORY paragraphs : explain something
- c. PERSUASIVE paragraphs : persuade your reader
- d. NARRATIVE paragraphs : tell a story

Each type of paragraph requires the use of a different structure. The student will be prompted by cues stating the information they should record.

DIRECTIONS:

1. Give each child a copy of the work sheet.
2. Provide each student with a copy of FACT SHEET HDF5.1 (following)
3. Review both sheets with the students.
4. Read aloud the FACT SHEET if you are completing the assignment as a class, or instruct the student to read it before completing the assignment if it is being completed individually.
5. Be sure to use the completed paragraphs to your advantage copying the words and using as much space as you need to fill in where the ... appear. Share the paragraphs with the class, display the paragraphs for other classes to see, and even try to arrange a show case of the students' work in your school building.

SUGGESTIONS: Use the structure provided for each type of paragraph when requiring students to write paragraphs. "Plugging in" information is much less intimidating than writing a paragraph!

Created by: DEBRA DORRANCE -- 3/3/91

WORK SHEET: HDI6.18 WRITING PARAGRAPHS : A DRUG EDUCATION SERIES

THE BUSINESS OF DRUGS

Name____________________________________

Read FACT SHEET HDF5.1

There are four major types of paragraphs. The type of paragraph we will be writing today is an EXPOSITORY PARAGRAPH. The word EXPOSITORY means to EXPLAIN or INFORM. You will be INFORMING your audience about the business of drugs.

TOPIC : THE BUSINESS OF DRUGS

The business of drugs is big business. Huge amounts of money are spent each year on different drugs. The five main catagories of drugs that play a role in the business market are ..., ..., ..., ... and ...

The money spent on the manufacture and sale of these drugs is enormous. For instance, alcohol ...

Nicotine

Marijuana

Amphetamines

Look-a-like drugs

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDF5.1
FACT SHEET

GRADE LEVEL: 5

THE BUSINESS OF DRUGS

The business of drugs is big business. In 1984 consumers spent $24 billion on beer, $15 billion on distilled spirits, $8 billion on cigarettes, $1 billion on chewing tobacco, $12 billion on prescription drugs and $6.5 billion on over-the-counter drugs. The figures for advertising these products are almost as staggering. IN 1983, publications that serve the nursing, hospital, pharmacy, and lab/pathology markets spent $68.5 million on advertising. Advertising and promotion costs for cigarettes alone came to $874 million in 1978. And in 1984 the beer and wine industry spent over $1 billion on advertising. Following are brief comments about the manufacture and sale of specific drugs.

1. ALCOHOL - The alcohol used in beverages is ethyl alcohol. It is also found in drugs, flavoring extracts, perfumes, hair tonics, shaving lotions, various cosmetics, and antifreeze. Ethyl alcohol is commercially produced by the fermentation process of such microorganisms as yeasts and bacteria. Nondistilled alcoholic beverages include wine (about 12-13 percent alcohol) and beer (about 4-5 percent alcohol). Distilled alcoholic beverages comprise whiskeys, brandies, gin, rum, and vodka (anywhere from 40-80-percent alcohol). Enough of these distilled beverages were consumed in 1984 to equal 1.8 gallons for every person 21 and older.

2. NICOTINE - Nicotine is found primarily in the tobacco plant, the growth of which has been financially supported by the U.S. government since 1938. In 1978, the U.S. produced almost 2 billion pounds of cigarette tobacco and 130 million pounds of tobacco intended for cigars, pipes, and other uses. Because of advances in agricultural technology, far fewer labor hours are needed to produce tobacco crops today than in the past.

3. MARIJUANA - Marijuana is the third largest cash crop in the country, behind only corn and soybeans. It can be grown almost anywhere. Because the marijuana today is five to ten times more potent than the marijuana of the early 70's, less is needed to produce the desired effect. Dealers can buy marijuana in kilograms, then sell it in smaller quantities on the street. These dealers are not restricted to the shady characters of melodrama; drug traffickers come from all walks of life.

4. AMPHETAMINES AND BARBITURATES - It has been estimated that manufacturers spend up to $5,000 per physician per year to convince each physician that the product their laboratory develops is superior to other products on the market. Although legal production of amphetamines is down from the levels of the 70's, illegal production remains a flourishing trade. On the other hand, barbiturates---including the minor tranquilizers like valium and librium---continue to be sold quite frequently. Many illegally used amphetamines and barbiturates are diverted from the legal market by theft or forged prescriptions.

5. LOOK-ALIKE DRUGS - Look-alike drugs mimic prescription stimulants and depressants in their size, color, shape, or markings, but contain substances that can legally be sold over the counter (e.g., caffeine). The manufacturers of these products often promote them through college newspapers, handbills, and unsolicited literature via mail order firms. Because of the appearance of look-alike drugs, buyers may be led to believe that they are purchasing controlled substances.

Created by: P DORRANCE -- 12/11/89

LESSON HDI6.19

GRADE LEVEL: 6
COMMUNICATION ARTS

WRITING PARAGRAPHS: A DRUG EDUCATION SERIES
SMOKELESS TOBACCO

PURPOSE: "WRITING PARAGRAPHS : A DRUG EDUCATION SERIES" is designed to be used by the classroom teacher as a vehicle that can help deliver needed understanding of drugs while perfecting the students' writing skills.

ACTIVITY: The focus of each activity will be

a. reading a FACT SHEET
b. using a provided structure to form a paragraph
c. writing a paragraph
d. sharing your paragraph with class or teacher

MATERIALS: The series consists of lessons HDI6.11 - HDI6.20
The lessons may be used in a series or as individual lessons that stand alone.
The lessons are centered around FACTS SHEETS that are included with the appropriate lesson.

PROCEDURE: NOTES TO THE TEACHER

WRITING PARAGRAPHS requires

a. practice in recognizing the parts of a paragraph.
b. practice recognizing different types of paragraphs.

Many students have difficulty writing a paragraph that has one main idea. That is why we will use a "pattern" to ensure success. You may want to use the patterns and write a few paragraphs together, you recording the paragraph on the board while your students write the paragraph on their work sheets.

Students that have had writing experience may be comfortable completing the lessons independently.

The four major forms of discourse are as follows:

a. DESCRIPTIVE paragraphs : describe something
b. EXPOSITORY paragraphs : explain something
c. PERSUASIVE paragraphs : persuade your reader
d. NARRATIVE paragraphs : tell a story

Each type of paragraph requires the use of a different structure. The student will be prompted by cues stating the information they should record.

DIRECTIONS:

1. Give each child a copy of the work sheet.
2. Provide each student with a copy of FACT SHEET HDF4.4
3. Review both sheets with the students.
4. Read aloud the FACT SHEET if you are completing the assignment as a class, or instruct the student to read it before completing the assignment if it is being completed individually.
5. Be sure to use the completed paragraphs to your advantage copying the words and using as much space as you need to fill in where the ... appear. Share the paragraphs with the class, display the paragraphs for other classes to see, and even try to arrange a show case of the students' work in your school building.

SUGGESTIONS: Use the structure provided for each type of paragraph when requiring students to write paragraphs. "Plugging in" information is much less intimidating than writing a paragraph!

Created by: DEBRA DORRANCE -- 3/3/91

WORK SHEET :HDI6.19 WRITING PARAGRAPHS : A DRUG EDUCATION SERIES

SMOKELESS TOBACCO

Name____

Read FACT SHEET HDF4.4

There are four major types of paragraphs. The type of paragraph we will be writing today is an EXPOSITORY PARAGRAPH. The word EXPOSITORY means to EXPLAIN or INFORM. You will be explaining the dangers of using smokeless tobacco.

TOPIC : SMOKELESS TOBACCO

Another name for smokeless tobacco is ...

The stimulant drug nicotine is found in ...

It is hard to believe, but the number of people using tobacco is ...

There are both short and long term effects to using tobacco. In summary, some of the most devastating effects of tobacco include ..., ... and ...

Considering the health risks involved with using tobacco, ...

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDF4.4
FACT SHEET

GRADE LEVEL: 4

SMOKELESS TOBACCO

The stimulant drug, nicotine, is found in products made from the dried leaves of the tobacco plant, such as cigarettes, cigars, pipe tobacco, and chewing tobacco. All forms of cured tobacco contain nicotine, including "chew," or "smokeless tobacco." Each year the United States produces about 130 million pounds of tobacco intended for non-smoking uses. Current estimates of consumers of smokeless tobacco range between 11 million and 22 million. No country that has learned to use tobacco has ever given up the practice, and no other substance has been found through the centuries to take the place of tobacco.

Smokeless tobacco is usually chewed or sucked (sometimes inhaled, as with snuff). It mixes with saliva and, much like food, makes its way through the stomach into the intestines, then through the intestinal lining into the bloodstream. The nicotine in tobacco juice is also absorbed through the lining of the mouth and directly affects the nervous system. Although the nicotine from smokeless tobacco enters the bloodstream more slowly than from cigarettes, studies have shown that average blood concentrations in regular users of smokeless tobacco are comparable to those found in smokers.

WHAT IT DOES IN THE SHORT TERM

The short-term effects of using smokeless tobacco are similar to those of smoking---an increase in heartbeat, a rise in blood pressure, and a drop in skin temperature. There is also an increase of the release of acid into the stomach, a slowing of stomach emptying, and a decrease in the formation of urine. The nicotine first stimulates and then reduces the activity of parts of the brain and nervous system. Users of smokeless tobacco also place themselves in danger of developing a variety of oral afflictions, including white patches on the inside of the mouth (leukoplakia).

WHAT IT DOES IN THE LONG TERM

As nicotine enters the bloodstream, the arteries constrict and the blood platelets become sticky and cluster together. Since the heart is beating faster, it is pumping more blood through a narrower opening. Blood pressure rises, which increases the risk of strokes and heart attacks in those with diseased vessels.

Tobacco chewing, even more than cigarette smoking, has been related to increased risk of oral, pharyngeal, and esophageal cancers, which in turn tend to spread quickly to other parts of the body. Over 55,000 cases of oral cancer are discovered and 14,000 people die each year from cancers of the cheek, mouth, tongue, and lips. Prolonged use of smokeless tobacco causes mouth sores, lip stains, bad breath, discolored teeth and fingers, and the destruction of gums, and may delay the healing of wounds.

Nicotine addiction is quite common. The withdrawal symptoms generally include anxiety, irritability, lethargy, and an increase in appetite, often in the form of craving for sweets.

Created by: P DORRANCE -- 12/8/89

LESSON: HDI6.20

GRADE LEVEL: 6
COMMUNICATION ARTS

WRITING PARAGRAPHS: A DRUG EDUCATION SERIES
ALCOHOL

PURPOSE: "WRITING PARAGRAPHS : A DRUG EDUCATION SERIES" is designed to be used by the classroom teacher as a vehicle that can help deliver needed understanding of drugs while perfecting the students' writing skills.

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c. writing a paragraph
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MATERIALS: The series consists of lessons HDI6.11 - HDI6.20
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NOTES TO THE TEACHER

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a. practice in recognizing the parts of a paragraph.
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Many students have difficulty writing a paragraph that has one main idea. That is why we will use a "pattern" to ensure success. You may want to use the patterns and write a few paragraphs together, you recording the paragraph on the board while your students write the paragraph on their work sheets.

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The four major forms of discourse are as follows:

a. DESCRIPTIVE paragraphs : describe something
b. EXPOSITORY paragraphs : explain something
c. PERSUASIVE paragraphs : persuade your reader
d. NARRATIVE paragraphs : tell a story

Each type of paragraph requires the use of a different structure. The student will be prompted by cues stating the information they should record.

DIRECTIONS:

1. Give each child a copy of the work sheet.
2. Provide each student with a copy of FACT SHEET HDF3.3 (following)
3. Review both sheets with the students.
4. Read aloud the FACT SHEET if you are completing the assignment as a class, or instruct the student to read it before completing the assignment if it is being completed individually.
5. Be sure to use the completed paragraphs to your advantage copying the words and using as much space as you need to fill in where the ... appear. Share the paragraphs with the class, display the paragraphs for other classes to see, and even try to arrange a show case of the students' work in your school building.

SUGGESTIONS: Use the structure provided for each type of paragraph when requiring students to write paragraphs. "Plugging in" information is much less intimidating than writing a paragraph!

Created by: DEBRA DORRANCE -- 3/3/91

WORK SHEET: HDI6.20 WRITING PARAGRAPHS : A DRUG EDUCATION SERIES

ALCOHOL

Name______________________________________

Read FACT SHEET HDF3.3

There are four major types of paragraphs. The type of paragraph we will be writing today is an EXPOSITORY PARAGRAPH. The word EXPOSITORY means to EXPLAIN or INFORM. You will be providing your audience with information about alcohol.

TOPIC: ALCOHOL

The facts surrounding to use of alcohol in this country are abundant. Some facts of interest are...

Some disastrous effects alcohol can have on a person's life include ...

Because of the prevalent use of alcohol in our society, many organizations have been formed to help those whose lives are affected by alcohol. They include ..., ..., and ...

ALCOHOL

Alcohol is the most misused drug in the nation: One out of ten people who drink becomes an alcoholic. This group of people includes men and women, old and young, from all socioeconomic classes, backgrounds, religions, races and occupations. Fifty percent of all the alcohol in the U.S. is consumed by only ten percent of the population. Use of alcohol often starts as early as the sixth grade, and one out of every sixteen high school seniors drinks alcoholic beverages daily. One out of every five teenagers is considered to have a serious drinking problem, i.e., he/she drinks at least once a week and has 5 to 12 drinks on a single occasion. This information is underlined by the fact that children become chemically dependent much more rapidly than do adults.

All alcoholic beverages can do harm. There is as much alcohol in an average serving of wine as in an averager serving of hard liquor. In small quantities, alcoholic beverages - beers, wines, distilled spirits, liqueurs, etc.---dilate blood vessels, lower blood pressure, stimulate appetite, and increase heart rate, gastric secretion, and urine output. Short-term effects are related to the concentration of alcohol in the blood, low levels usually produce mild sedation and higher levels usually produce behavioral changes range from pensiveness and melancholia to talkativeness, disorientation, and aggressiveness. At still higher levels, alcohol can produce stupor, coma, or death.

When taken in large doses over long periods of time, alcohol can prove disastrous, damaging the heart, brain, liver, and pancreas, and leading to various heart diseases, nervous disorders, and cancers. Many children born to women who drink while pregnant have a pattern of irreversible physical and mental birth defects (The condition in its severe form is known as fetal alcohol syndrome; a less severe form, called fetal alcohol effects, has been found in children born to women who have consumed as little as one to two drinks a week). Alcohol has a high potential for physical and psychological dependence (alcoholism), particularly among children and adolescents, whose bodies are still forming; withdrawal, especially after heavy and prolonged use, is hazardous.

Taking alcohol in conjunction with another drug - even an over-the-counter drug like aspirin - is very dangerous: More people die from intoxication by drugs in combination with alcohol than from alcohol intoxication itself. While under the influence of alcohol, individuals are more sensitive to others drugs. The combination of the effects of alcohol and another drug may be "potentiative." That is, half-doses of both drugs taken together produce an exaggerated action that is stronger than the effect of a full dose of either drug taken separately. For example, alcohol and barbiturates produce a depressant effect on the central nervous system much greater than would occur from either drug taken alone.

The effects of using alcohol extend beyond the direct physical impairment of the organs of the body. Since some of the immediate effects of alcohol use are impaired judgment and coordination, tasks such as driving or using heavy machinery become extremely dangerous. Over half of all highway accident fatalities are alcohol related. Such accidents are responsible for 40 percent of all deaths of 16 - 24 year-olds. Use of alcohol has been found to be highly correlated with other types of accidents as well--plane crashes, industrial injuries, fires, and falls. Further, alcohol figures prominently in violent crimes, including assault, child abuse, spouse battering, homicide, and suicide.

The effects of alcohol on the family are intense and long-lasting. Characteristic of families with an alcoholic member are physical and mental abuse of the other members, isolation from normal social activities, feelings of guilt and estrangement, inability of children to trust, shame and humiliation, difficulties with the job and with finances, lack of self-esteem, and a partial or total disintegration of the family unit. Children who grow up in families with an alcoholic member are much more likely to become alcoholics themselves.

Treatment for alcoholism usually consists of ridding the body of the alcohol, correcting the health problems that may have been produced by the drug, and altering the individual's behavior so that destructive patterns are not continued. There are many organizations - Alcoholics Anonymous, Al-Anon, and Alateen, to name a few - which seek to help recovering alcoholics and their families. Most therapists concur that only total abstinence from alcohol is and effective treatment for alcoholism.

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI6.28

GRADE LEVEL: 6
HEALTH

HEALTHY FOOD

OBJECTIVE(S):	Students will explore the reason eating chemical free food is a healthy habit.
PHYSICAL SETTING:	Classroom
TEACHER INSTRUCTION:	Teacher will lead discussion
STUDENT ACTIVITY:	Discussion
PREPARATION:	Each student will be asked to read the information on healthy food. Following the day's discussion, have the students bring in a healthy snack. Have a special snack time during which the students can see and share their healthy snack ideas.
MATERIALS/EQUIPMENT:	Area to eat. Napkins.
EVALUATIONS:	Evaluate the day yourself, and make any changes necessary to enhance the experience the next time around.

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health foods

Health foods are a loosely defined food category, usually involving foods labeled organic or natural. Organic foods are grown without the use of chemical fertilizers or pesticides. Natural foods are processed without chemical additives (see FOOD ADDITIVES). Popular health foods include whole grains, brewer's yeast, nuts and seeds, yogurt, and herbal teas.

Interest in health foods has grown rapidly in the United States since the 1960s, spurred by such factors as the desire for wholesome food and the anxiety caused by studies linking certain food additives with cancer and other diseases. As a result, most U.S cities now support health-food stores, and supermarkets feature special health-food sections.

The claim that certain chemical additives and some of the pesticides used on food crops may be harmful to human health is widely accepted by the scientific community. Health hazards have not yet been proved, however, for many of the chemicals used in food production, and pesticide residues in food have not yet been conclusively linked with any particular disease. Nor has it been proved that organically grown vegetables are nutritionally superior to those which are grown with the aid of chemical fertilizers.

Bibliography:

Armstrong, David, The Insider's Guide to Health Foods (1983); Bruder, Roy, Discovering Natural Foods (1982); Carroll, David, The Complete Book of Natural Foods (1985); Lappe, Francis Moore, Diet for a Small Planet, 10th-anniv. ed. (1982); Lee, Royal, and Stolzoff, Jerome S., Special Nutritional Qualities of Natural Foods (1983); Margolius, Sidney, Health Foods: Facts and Fakes (1973).

Created by: DEBRA DORRANCE -- 6/27/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDI6.4

GRADE LEVEL: 6
HEALTH/COMMUNICATION ARTS

ALCOHOL AND YOU

PURPOSE: To explore personal, family and community attitudes towards the use of alcohol.

ACTIVITY: Group discussion and role playing.

MATERIALS:

1. Handout of ill effects of alcohol (HDF6.3 Fact Sheet beginning next page), statistics concerning alcohol consumption, etc.
2. Encyclopedia
3. Paper
4. Pencil

PROCEDURE:

1. Get into small groups and discuss personal and family attitudes toward alcohol.
2. Get into one group and discuss community attitudes toward alcohol.
3. Do some role playing of how to deal with peer pressure and alcohol.
4. Make a list of alternative things to do instead of drinking at home, at a party or in any situation.

Created by: MELISSA RALPH -- 2/4/90

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDF6.3
FACT SHEET

GRADE LEVEL 6
INTEGRATED

ALCOHOL FACTS THE PARTY PUPS DON'T TELL YOU

1. There are two known ways of becoming an alcoholic:
    a. Drinking to excess and thereby developing a tolerance and dependence.
    b. Inheriting the capacity from your parents. One-half of all known alcoholics have one or two parents who are alcoholics. You can inherit this capacity.

2. Alcohol is especially dangerous for young people because it interferes with their development, physical, mental, emotional, and social.

3. The effects of alcohol are multiplied when taken with other drugs; it can cause death.

4. Alcohol circulates very quickly to all parts of the body, including the brain. It is carried there directly by the blood. It quickly interferes with the control center.

5. All alcoholic beverages are made from Ethyl alcohol. The only difference is the amount of alcohol. Twelve ounces of beer equals one ounce of whiskey.

6. It takes one hour for an average sized adult to absorb three-fourths of an ounce of alcohol.

7. Alcohol is a depressant which attacks the cerebral cortex thereby dulling the senses, creating drowsiness. It acts like an anesthetic.

8. One-half the traffic deaths in America yearly are alcohol-related. About 26,000 people are killed in drunk driving accidents every year.

9. The age group of fifteen to twenty-four year olds is the only age group in which the death rate has risen during the past twenty-five years. The reason? Driving mixed with substances.

10. Sixteen to twenty-four year olds cause forty-four percent of night-time fatal alcohol related accidents even though they represent only twenty-two percent of licensed drivers.

11. Idaho's DUI blood alcohol content is .10.

12. Impaired drivers kill seventy-one people on United States highways every day, that is one every twenty-one minutes.

13. B.A.C. level of .18 increases the drivers chances of having a fatal accident by sixty times.

14. The average DUI violator commits that violation eighty times a year.

15. Alcohol affects the brain, stomach, heart, liver, causes birth defects, and can shorten a life ten to twenty years.

16. Three million teenagers in this country are problem drinkers.

17. The smaller and thinner you are, the faster you will get drunk, and the drunker you will get.

18. Vomiting is the body's way to rid itself of the problem, but frequent drinking or combining alcohol and marijuana turns off the vomit center to the brain.

19. Chug-a-lug drinking (drinking fast--maybe without breathing) of beer can cause death from alcohol overdose.

20. Alcohol is involved in forty percent of all teen suicides.

21. One out of every twenty high school seniors drink daily.

22. Fetal alcohol syndrome is the third known leading cause of mental retardation.

23. Alcohol is a significant factor in approximately seventy-five percent of child abuse and wife-battering cases.

24. Alcohol is easily the most abused drug in America. One out of four children in every classroom lives in a chemically dependent home.

Created by: A SPENCE -- 2/18/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDI6.5

GRADE LEVEL: 6
HEALTH/COMMUNICATION ARTS

CIGARETTE SMOKING

PURPOSE: To identify and discuss some physical effects of cigarette smoking on the body.

ACTIVITY: Students will make a handbook about smoking and the harmful effects it has on people.

MATERIALS:
1. Paper
2. Pencil
3. Handouts on smoking and nicotine (see fact sheet beginning next page)
4. Encyclopedia

PROCEDURE:
1. Read information and statistics on smokers and their bodies.
2. Read information and statistics on non-smokers and their bodies.
3. Compare the health risks involved in deciding to be a smoker and deciding not to be a smoker.
4. Group discussion on the attitudes of society towards people who smoke.

Created by: MELISSA RALPH -- 2/4/90

FACT SHEET

NICOTINE

Nicotine is a naturally occurring liquid substance of the tobacco plant. It is found in products made from the dried leaves of the tobacco plant, such as cigarettes, cigars, pipe tobacco, and chewing tobacco. Each year the United States produces about 2 billion pounds of cigarette tobacco and 130 million pounds of tobacco intended for other uses. Approximately 600 billion cigarettes are smoked every year, 4000 for every person 18 and older (Between 10 and 15 percent of teenagers are regular smokers.) Current estimates of consumers of smokeless tobacco range between 11 million and 22 million. No country that has learned to use tobacco has ever given up the practice, and no other substance has been found through the centuries to take the place of tobacco.

HOW IT ENTERS THE BODY

Cigarettes are smoked, and the smoke-containing the nicotine-penetrates the cell linings of the respiratory tract and rapidly reaches both the brain and the bloodstream, where it is carried throughout the rest of the body. Smokeless tobacco is usually chewed or sucked (sometimes inhales, as with snuff). It mixes with saliva and, much like food, makes it way through the stomach into the intestines, then through the intestinal lining into the bloodstream. The nicotine in tobacco juice is also absorbed through the lining of the mouth and directly affects the nervous system.

WHAT IT DOES IN THE SHORT TERM

The short-term effects of smoking a few puffs of a cigarette is an increase in heartbeat, a rise in blood pressure, and a drop in skin temperature. There is also an increase of the release of acid into the stomach, a slowing of stomach emptying, and a decrease in the formation of urine. Smoking first stimulates and then reduces the activity of parts of the brain and nervous system. Some people who inhale cigarette smoke regularly experience a loss of appetite and a decrease in physical endurance, due to a decrease in the lungs ability to exchange oxygen. Although the nicotine from smokeless tobacco enters the bloodstream more slowly than from cigarettes, studies have shown that average blood concentrations in regular users of smokeless tobacco are comparable to those found in smokers.

WHAT IT DOES IN THE LONG TERM

As nicotine enters the bloodstream, the arteries constrict and the blood platelets become sticky and cluster together. Since the heart is beating faster, it is pumping more blood through a narrower opening. Blood pressure rises, which increases the risk of strokes and heart attacks in those with diseased vessels.

Cigarette smoking is the largest preventable cause of illness and premature death in the country. It is a casual factor for coronary heart disease and arteriosclerotic peripheral vascular disease, cancer of the lung, larynx, oral cavity, and esophagus, and chronic bronchitis and emphysema. It is associated with cancer of the urinary bladder and pancreas, as well as ulcer disease. Almost 90 percent of chronic lung diseases-350,000 deaths a year-are directly attributable to cigarette smoking. Cigarette smokers are more likely to die from cerebrovascular disease than are nonsmokers,and more likely to contract severe respiratory infections, such as chest colds and pneumonia. For those with asthma, smoking increases the frequency and severity of asthmatic attacks. Maternal cigarette smoking is associated with retarded fetal growth, spontaneous abortions, prenatal deaths, and slight impairment of growth and development during early childhood. Studies have shown that even nonsmokers are more at risk for developing lung diseases if they are constantly breathing in other people's smoke.

Tobacco chewing, even more than cigarette smoking, has been related to increased risk of oral, pharyngeal, and esophageal cancers, which in turn tend to spread quickly to other parts of the body. Over 55,000 cases of oral cancer are discovered and 14,000 people die each year from cancers of the cheek, mouth, tongue, and lips. Prolonged use of smokeless tobacco causes mouth sores, lip stains, bad breath, discolored teeth and fingers, and the destruction of gums, and may delay the healing of wounds.

Nicotine addiction is quite common. Most smokers have tried to stop at one time or another. The withdrawal symptoms generally include anxiety, irritability, lethargy, and an increase in appetite, often in the form of craving for sweets.

Created by: PAUL DORRANCE -- 11/21/89

LESSON: HDI6.2

GRADE LEVEL: 6
HEALTH

CIGARETTE SMOKING AND YOUR BODY

PURPOSE: To have the children identify and discuss some physical effects of cigarette smoking on their bodies.

ACTIVITY: Complete the CIGARETTES : FRIEND OR FOE work sheet

MATERIALS: Fact Sheet HDF6.1 (following)
Work Sheet "CIGARETTE: FRIEND OR FOE" (Following)

PROCEDURE:

1. Write the word "cigarette" on the board.
2. Have each child go up to the board and write down something they know about cigarettes.
3. If the word NICOTINE appears, use it as your starting point for today's work sheet.
4. Pass out a copy of FACT SHEET HDF6.1, NICOTINE, to each child.
5. Depending on your situation, either read it aloud or have the children take turns reading through the sheet, stopping to discuss it as you go.
6. Now you are ready to begin the work sheet activity. Make a copy of CIGARETTES: FRIEND OR FOE for each child.
7. Have the children complete the sheet, and go over it, emphasizing the hazards of smoking.
8. Suggest that the children bring the sheet home and share it with the adults in their life.

SUGGESTIONS: Make a SMOKEBUSTERS bulletin board using some of the smoking ads from newspaper.

Your class can be the "Smokebusters" by putting big red circles with a slash through the middle around each ad, or as the focus of the entire bulletin board.

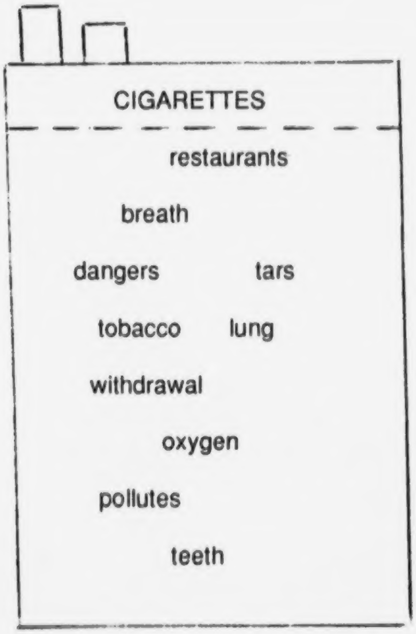
NAME______________________________

DATE______________

SMOKEBUSTERS: FACTS YOU NEED TO KNOW

Complete the sentences using the words on the cigarette pack (below).

1. Cigarette smoking causes stains on your __________________.
2. Cigarette smoking can cause __________________ cancer.
3. Cigarette smoking makes you short of ____________________.
4. Cigarettes are made of __________________ leaves.
5. The Surgeon General has issued the latest report on the ___________ of cigarette smoking.
6. The poison that replaces the __________________ in the blood is carbon monoxide.
7. A person __________________ his or her environment when smoking.
8. _____________ are the cancer causing substances in cigarettes.
9. There are often non-smoking sections in ________________.
10. The discomfort a person feels when he or she stops smoking is called ________________.


CIGARETTES

restaurants

breath

dangers tars

tobacco lung

withdrawal

oxygen

pollutes

teeth

Created by: DEBRA DORRANCE -- 11/27/89

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDF6.1
FACT SHEET

GRADE LEVEL: 6

NICOTINE

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WHAT IT DOES IN THE LONG TERM

As nicotine enters the bloodstream, the arteries constrict and the blood platelets become sticky and cluster together. Since the heart is beating faster, it is pumping more blood through a narrower opening. Blood pressure rises, which increases the risk of strokes and heart attacks in those with diseased vessels.

Cigarette smoking is the largest preventable cause of illness and premature death in the country. It is a casual factor for coronary heart disease and arteriosclerotic peripheral vascular disease, cancer of the lung, larynx, oral cavity, and esophagus, and chronic bronchitis and emphysema. It is associated with cancer of the urinary bladder and pancreas, as well as ulcer disease. Almost 90 percent of chronic lung diseases-350,000 deaths a year-are directly attributable to cigarette smoking. Cigarette smokers are more likely to die from cerebrovascular disease than are nonsmokers,and more likely to contract severe respiratory infections, such as chest colds and pneumonia. For those with asthma, smoking increases the frequency and severity of asthmatic attacks. Maternal cigarette smoking is associated with retarded fetal growth, spontaneous abortions, prenatal deaths, and slight impairment of growth and development during early childhood. Studies have shown that even nonsmokers are more at risk for developing lung diseases if they are constantly breathing in other people's smoke.

Tobacco chewing, even more than cigarette smoking, has been related to increased risk of oral, pharyngeal, and esophageal cancers, which in turn tend to spread quickly to other parts of the body. Over 55,000 cases of oral cancer are discovered and 14,000 people die each year from cancers of the cheek, mouth, tongue, and lips. Prolonged use of smokeless tobacco causes mouth sores, lip stains, bad breath, discolored teeth and fingers, and the destruction of gums, and may delay the healing of wounds.

Nicotine addiction is quite common. Most smokers have tried to stop at one time or another. The withdrawal symptoms generally include anxiety, irritability, lethargy, and an increase in appetite, often in the form of craving for sweets.

LESSON: HDI6.25

GRADE LEVEL: 6
SCIENCE/HEALTH

ANTACIDS

OBJECTIVE(S):	Students will be introduced to Antacids and the advantages and disadvantages of using them.
PHYSICAL SETTING:	Classroom
TEACHER INSTRUCTION:	Teacher will evaluate student work.
STUDENT ACTIVITY:	1. Student will read ANTACID information (attached) 2. Student will answer questions. 3. Students will take a trip to the grocery store and make lists of antacids on the market.
PREPARATION/ MATERIALS/EQUIPMENT:	Students will take a trip to the grocery store .
EVALUATIONS:	Student list should be evaluated. Teacher may interview student.

STUDENT WORK SHEET NAME____________________________________

INSTRUCTION: Students will read the material below, and answer the questions that follow.

Students will be required to take a trip to the grocery store on their own time in order to complete this assignment.

Source:

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antacid

Antacids are substances that reduce the degree of acidity in the stomach and upper digestive tract. They are among the most commonly used nonprescription drugs and are taken by persons feeling the distress of acid indigestion, sour stomach, and the esophagal pain known as heartburn. In strong doses, many of the same chemicals are used by physicians in the treatment of peptic ULCER.

All common antacids contain a weak base (a substance which forms a salt when it reacts with an acid by removing hydrogen ions from the acid). Antacids containing easily absorbable CATIONS, or positively charged ions, are called systemic. Sodium bicarbonate is the most familiar of these. Most antacids, however, are nonsystemic, in that only a small portion of the cation is absorbed. Calcium carbonate, which is fast-acting and continues to act for some time, is an example. Magnesium carbonate produces comparable effects, but less of the cation is absorbed. Like most other magnesium compounds, it has a cathartic effect. Antacids containing aluminum act slowly but also are of long duration. A more recently developed antacid, CIMETIDINE, operates by blocking histamine receptors that stimulate gastric-acid secretion.

Antacids in themselves are not harmful to persons in good health. Their repeated use, however, can have harmful side effects. For example, excessive sodium (in bicarbonate) can contribute to hypertension, and excessive bicarbonate itself may lead to kidney stones and urinary-tract infections. Apparent gastric discomforts may also be symptoms of more severe problems that should be addressed instead of masking them by using antacids. Antacids should never be used for more than a short period of time.

Bibliography:

Consumer Reports, The Medicine Show, 5th ed. (1980).

QUESTIONS: ---

1. When do people usually take antacids ?

2. Are antacids acidic or basic ?

3. What are some of the harmful side effects of antacids ?

4. Take a trip to the grocery store.
   Record the names of 5 products that call themselves antacids.

   List the product name and the active ingredient.

Product	Active ingredient
1.	
2.	
3.	
4.	
5.	

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LESSON: HDI6.23

GRADE LEVEL: 6
SCIENCE/HEALTH

CAFFEINE

OBJECTIVE(S): To introduce students to the products caffeine can be found in on the supermarket shelves.

PHYSICAL SETTING: Classroom
Supermarket

TEACHER INSTRUCTION: Teacher will guide students through the outlined activity.

STUDENT ACTIVITY:
1. Student will read the CAFFEINE file that follows.
2. Student will answer questions following the reading.
3. Student will carry out activity listed under heading on information sheet.

PREPARATION/ MATERIALS/EQUIPMENT: Copy of this file
Access to writing / typing / computer in order to finalize project findings.

EVALUATIONS: Evaluation may be based on oral presentation or written presentation of findings and research.

STUDENT: Read the following information on CAFFEINE then answer the questions on the work sheet.

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Caffeine

Caffeine is an odorless, slightly bitter, ALKALOID chemical found in COFFEE beans, tea leaves, and cola nuts. It can be manufactured synthetically in the laboratory. In small amounts, caffeine acts as a mild stimulant and is harmless to most people. In large amounts, however, it may result in insomnia, restlessness, and anxiety. Caffeine increases heart rates and can cause heart irregularities; some researchers maintain that heavy coffee drinkers are more prone to develop coronary heart disease. Caffeine decreases blood flow to the brain, however, and has been used in treating migraine headaches. It is also used in treating cases of poisoning by depressants such as alcohol and morphine, and studies suggest that it somewhat increases the effectiveness of common analgesics such as aspirin. By widening bronchial airways, caffeine can help to relieve asthma attacks. In plants, the drug apparently functions as a natural insect repellant.

Bibliography:
"Caffeine Labeling," Journal of the American Medical Association, Aug. 10, 1984; Gilbert, Richard, Caffeine (1985).

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WORK SHEET

NAME ____________________

Answer the questions that follow based on the information from the encyclopedia.

QUESTIONS--

1. Describe the physical essence of CAFFEINE.

2. In what natural products is CAFFEINE found?

3. In large amounts, CAFFEINE may cause .....

4. CAFFEINE has been used in treating....

5. In plants, CAFFEINE apparently functions as a .....

ACTIVITY --

1. Take a trip to the grocery store and in each of the following areas find 2 products containing CAFFEINE.

List the products below.

Department	Item	Description on label of
PRODUCE:	1.	
	2.	
TEA/COFFEE AREA:	1.	
	2.	
DRUGS AND REMEDIES:	1.	
	2.	
SODA POP AREA:	1.	
	2.	

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI6.24

GRADE LEVEL: 6
SCIENCE/HEALTH

PHYSIOLOGY

OBJECTIVE(S):	Students will take an in-depth look at the physiology of their body and how drugs and alcohol affect its health.
PHYSICAL SETTING:	Classroom
TEACHER INSTRUCTION:	Teacher will monitor student activity.
STUDENT ACTIVITY:	1. Student will read PHYSIOLOGY sheet (attached). 2. Student will answer questions.
PREPARATION/ MATERIALS/EQUIPMENT:	Library books on the human body may be helpful.
EVALUATION:	Evaluation of completed written assignment would be appropriate.

INSTRUCTIONS:

- READ THE FOLLOWING MATERIAL.
- COMPLETE THE OUTLINED ASSIGNMENT.

Source:
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Physiology

The branch of biology dealing with the functions of living organisms and their components is known as physiology. It basically describes life processes in terms of physics and chemistry. ANATOMY is the structural counterpart and, in a historical sense, the parent of physiology. In turn, the fields of biophysics, biochemistry, and molecular biology have developed from physiological research.

Experimental physiology dates from the 17th century, when William HARVEY described blood circulation. Between that time and the 20th century, such problems as the metabolism and movement of animals have been explored, and mechanisms of reflexes, feedback control, and energy transformation have been researched. Perhaps the most profound advance has been the identification of the hereditary material deoxyribonucleic acid, known as DNA (see NUCLEIC ACID).

Bibliography:
Miller, Jonathan, The Body in Question (1979).

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STUDENT WORK SHEET NAME ____________________

ASSIGNMENT--

* MAKE A LIST OF 10 PARTS OF THE BODY. LIST HOW DRUGS/ALCOHOL CAN AFFECT THE PHYSICAL HEALTH OF EACH PART.

(EXAMPLE)

1. SKIN The tobacco you come in contact with when smoking can cause the hands to yellow. It can also cause the tissue in the mouth to become deadened.

LESSON: HDI6.10

GRADE LEVEL: 6
GUIDANCE

MOOD CHANGES

PURPOSE: To help the children become more aware of what is going on inside of them (mood changes).
To help them explore the effects their feelings have on the decisions they make.

ACTIVITY: Make an EMOTION DICE

MATERIALS: Oaktag or cardboard (stiff paper would work too)
Scissors
Tape
Marker

PROCEDURE:

1. Explain that we are going to talk about emotions and feelings today. Explain that everyone has good and bad feelings. Give students permission and acceptance for ALL feelings. Feelings are neither right nor wrong. We are only responsible for our behavior. In order to grow and make changes, we first have to recognize what our feelings are. Ask your students to think about the following questions. You may want to write the following two questions on the board so they will have access to them during the day.

    a. When we are in different moods, may we choose different solutions to the same problem?

    b. Do you think it is important to find someone you trust with whom to share your inner feelings? Have you already found someone?

2. MAKING THE EMOTION DICE:

    a. Have each student cut a piece of oaktag or cardboard into a "T" shape with measurements as shown on the pattern.
    b. Mark off four inch sections as indicated on the pattern.
    c. Fold the oaktag along the lines to create a box shape.
    d. Tuck the tabs inside the box form.
    e. Use tape to fasten the box together.
    f. Draw a "Feeling Face" on each side -- HAPPY, SAD, CONFUSED, MAD, SCARED, UPSET
    g. When complete, the box should look like a dice with "Feeling Faces" on each side.

3. Have each student place the feeling box on their desk. As they become aware of their changing moods during the day, they should rotate the face that reflects their present emotion to the class.

4. At the end of the day discuss what they went through during the day, what they noticed, how they felt about the DI. As a group, get them to discuss..

   Which emotion appeared the most often?

   Does thinking about something that is not happening right now change your mood?

   Can your mood affect your outlook on life?

   Does your mood affect your responses to other people?

   Example... mood-sad; outlook-gloomy; behavior-depressed

*Try to generate more examples on the board before completing the lesson.

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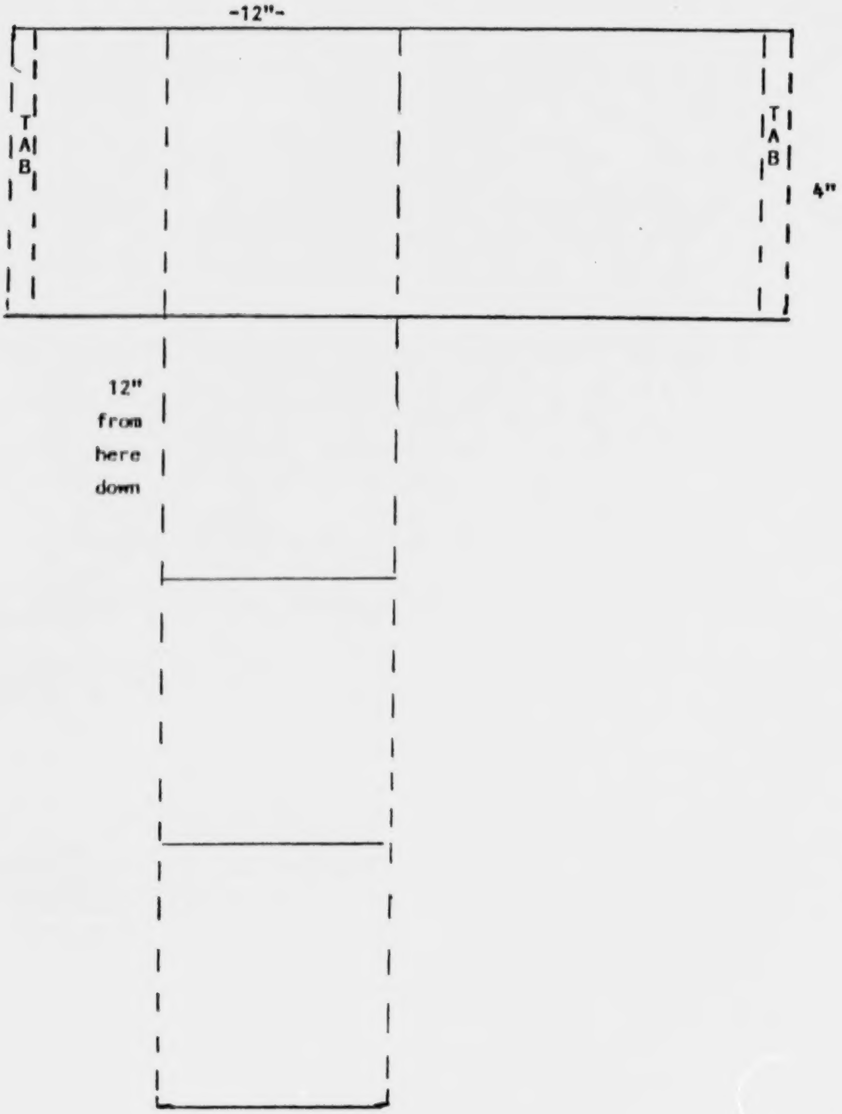
THE PATTERN FOR THE EMOTION DICE:


-12"-
TAB
TAB
4"
12" from here down

You can either use this pattern, or re-create the pattern with the dimensions noted next to the pattern.

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI6.1

GRADE LEVEL: 6
GUIDANCE

PACKING FOR LIFE'S JOURNEY

PURPOSE: To have children recognize that they are unique and worthwhile. They will learn more about themselves by dealing with personality likes, dislikes, characteristics, and future goals. The students will explore their personal values and attitudes.

ACTIVITY: After the introduction, have the students complete the work sheet PACKING FOR THE TRIP.

MATERIALS: 2 copies of the PACKING FOR THE JOURNEY work sheet
COLORED PENCILS or CRAYONS

PROCEDURE:

1. Introduce this exercise by writing GROWING UP IS A JOURNEY THROUGH TIME on the board.
2. Ask the students what they think the statement on the board means.
3. Explain that growing up is like taking a trip; we have to look ahead in order to pack the things we will need.
4. Before handing out the work sheet, generate some ideas by asking students what they would take along on the journey toward adulthood. Write their responses on the board.
5. Now, you are ready to hand out the work sheet. Give the students one copy now, and one copy before they leave. They are supposed to have someone at home fill in the second one so they can see how someone else sees them.

SUGGESTIONS: Be sure the students have fun.... Encourage them to share their ideas. Have them read each others' work sheets and comment on them.

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NAME________________

DATE________________

PACKING FOR THE JOURNEY

Growing up is like a trip. Before leaving, you must think about what you will need to have with you.

DIRECTIONS: Circle the things you want to take with you (keep) in BLUE.
Circle the the things you want to improve or change in RED
Circle the things you want to work to get (acquire) in GREEN.

energetic
trusting
dishonest
clumsy
peaceful
prejudiced
withdrawn
wise
greedy
proud
creative
forgetful
timid
aggressive
lonely
in a rut
hard worker

responsible
direct
accepting
respectful
generous
fearful
loyal
athletic
nagging
sad
strong
impatient
sensitive
clever
dedicated
bossy

naive
short
spiritual
selfish
dependent
honest
unselfish
stubborn
charming
angry
rebellious
conceited
shy
studious
poised
fat

well-built
talkative
talented
competitive
moody
cautious
reckless
pretty
tall
concerned
friendly
stout
vain
spiteful
committed
loud

BE SURE TO GET A BLANK EXERCISE SHEET BEFORE YOU LEAVE>>>>>

ASK A FAMILY MEMBER OR FRIEND to do the exercise to see how they see you.

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI6.26

GRADE LEVEL: 6
INTEGRATED

HABITS

OBJECTIVE:	Students will reflect on habits of their own.
TEACHER INSTRUCTION:	Teacher will lead discussion
STUDENT ACTIVITY:	Students will record and evaluate their own habits.
PREPARATION/ MATERIALS/EQUIPMENT:	Students will want to be in an informal setting
EVALUATIONS:	Participation will be stressed. No other evaluations necessary.

INSTRUCTIONS: READ THE FOLLOWING INFORMATION THEN FILL OUT THE WORKSHEET THAT FOLLOWS

SOURCE:
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habit

A habit is an acquired act that is routinely and automatically performed. The psychologist Clark Hull used the term to designate the most elementary unit of learning; complex behavior, then, consists of habit hierarchies. More generally in psychology, habit means an integrated sequence of learned or conditioned behavior that occurs in a specific context and serves to produce a particular outcome. Learning theory attempts to account for the basic processes of habit acquisition, maintenance, and alteration; and a practical learning-theory application, which has been called habit management, deals with common habits that people wish to encourage--fastening the seat belt--or discourage--fingernail biting.

Habit behavior is influenced by its antecedents (stimuli, cues, prompts, situations) as well as its consequences (rewards and punishments). Acquisition of a habit may require reminders, pressure from others, or effortful awareness. The strength of a habit depends primarily on the consequences the behavior produces. If an act is rewarded many times, immediately, and with strong reinforcers, it will rapidly become a habit. Termination or avoidance of punishment can also strengthen a habit.

Once a habit is well established, factors other than those that initiated it can maintain it. Situational cues become more important in eliciting the response--for instance, lighting a cigarette when the situation seems appropriate, as when coffee is served. Maintenance rewards need not be regular; the habit may become rewarding in itself. Habits are diminished by the same principles: environmental antecedents can be manipulated to break up the automatic stimulus-response chain, and rewards can be reduced, as in BEHAVIOR MODIFICATION.

Lynn Rehm

Bibliography: Hilgard, Ernest R., and Bower, Gordon H., Theories of Learning, 4th ed. (1975); Stiller, Richard, Habits (1977).

WORKSHEET NAME ____________________

Make a record of 10 of your own habits--include habits you have had and habits you currently have.

Record why you believe you exhibit the behavior.

HABIT WHY EXHIBITED

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

DISCUSSION: SHARE YOUR HABITS WITH THE GROUP YOU ARE IN.

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LESSON: HDI6.27

GRADE LEVEL: 6
INTEGRATED

FRUSTRATION

OBJECTIVE:	Students will evaluate those things that frustrate them and explore coping mechanisms to deal with the frustration
TEACHER INSTRUCTION:	Teacher may want to lead discussion
STUDENT ACTIVITY:	Students will read material on frustration and generate a list of things that frustrate them.
PREPARATION/ MATERIALS/EQUIPMENT:	Atmosphere in which discussion will thrive.
EVALUATIONS:	Participation will be stressed. No evaluation necessary.

STUDENT WORK SHEET NAME______________________________

READ THE FOLLOWING MATERIAL, AND THEN GENERATE A LIST OF 20 THINGS THAT FRUSTRATE YOU.

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frustration

Frustration is the blocking of a person's active movement toward a goal. In psychology the term is generally applied to the emotional state that results from such blocking. Frustration is inevitable in daily life, because people must continually overcome large and small obstacles. Many, however, do not even try to achieve goals that they greatly desire because they suffer from a sense of inadequacy, which they may feel whether the inadequacy is real or imagined. Frustration may result from the attempt to reach incompatible goals. Attractive but mutually exclusive goals cause a type of inner conflict known as approach-approach conflict. Such a conflict occurs, for example, when a person chooses one of two equally attractive jobs and, at the same time, regrets the choice that was made. In an approach-avoidance conflict, a person may simultaneously wish for and fear an action: if both tendencies are equal in strength--if, for instance, a person wished to get married but also fears the responsibilities of marriage--he or she may become immobilized, incapable of any action. Avoidance-avoidance conflict occurs when two equally aversive consequences are confronted, and avoiding one leads to the other. For example, a person may wish to avoid being fired, but at the same time dislike the boring work involved in the job.

The most positive reaction to frustration is to analyze the situation and choose the most effective way to eliminate or bypass its cause. For some people, though, the reaction to frustration is anger, often leading to aggression. This approach may produce even more frustration. Anger vented against a safe, albeit inappropriate, target is called displaced aggression.

Still another reaction to frustration is withdrawal into fantasy (psychologists call this withdrawal "reaction repression"), or regression to methods of adjustment that were successful in childhood. Several compensatory reactions to frustration also exist. Failure in one area of activity may result in an intense effort to succeed in another area. An undersized, frustrated football player may excel on the debating team. Experience with a low level of frustration usually enables a person to develop a tolerance for frustration, so that other situations in which goals are blocked can be dealt with more effectively and with less trauma.

Kenneth E. Moyer

Bibliography:
Janis, Irving L., Stress and Frustration (1971); Lawson, Reed, Frustration: The Development of a Scientific Concept (1965); Maier, N. R., Frustration (1966; repr. 1982).

STUDENT ACTIVITY :

MY LIST OF 20 OF THE MOST FRUSTRATING THINGS IN MY LIFE :	HOW I CAN COPE BETTER AND AVOID FRUSTRATION:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

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GRADE 7

LESSON: HDI7.1

GRADE LEVEL: 7
COMMUNICATION ARTS

COMMUNICATIONS GAME/DANCE

PURPOSE: To assist students in effective communication techniques.

ACTIVITY: Students will participate in a communication game/dance

MATERIALS: Paper and pencils

PROCEDURE:

1. Have students number papers 1-5
2. When you say "go," students walk around and sign up five dance partners. Make sure they write each other's name down for the same number/dance.
3. When papers are completed, the dance begins.
4. Get with partner #1-here is the question-you'll have 4 minutes to discuss two minutes each, before changing partners.
5. Have the first person listen and the second person not listen. Make sure each student gets a chance to practice listening and nonlistening.
6. When all five dances have been completed process this activity. Give the students time to discuss their feelings about this activity.

SAMPLE QUESTIONS

If you could have any wish, what would it be?

What is your favorite possession?

*You may want to review listening techniques before the activity.

*If there is an odd number of students, make it even by participating.

Created by: L KELLER

GRADE 8

LESSON: HDI8.1

GRADE LEVEL: 8
HEALTH

SIGNS OF ALCOHOL ABUSE

PURPOSE: To help students gather and evaluate information about alcohol and alcoholism.

To help students develop the tools necessary to teach others about alcohol and alcoholism.

MATERIALS: SIGNS OF ALCOHOL questionnaire (on next two pages)

ACTIVITY: Have students think about someone who may have a drug abuse problem. With that person in mind, have them fill in the SIGNS OF ALCOHOL ABUSE sheet.

Remind them that often times signs may appear one at a time, but will rapidly multiple.

PROCEDURE:

1. Make a copy of the SIGNS OF ALCOHOL ABUSE sheet for each student.
2. Read through the sheet with them, randomly asking why items on the list may cause problems.
3. Provide students with time to complete the sheet.
4. Ask students to make a list of things they could do to help a person that appears to have a drug problem.

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SIGNS OF ALCOHOL ABUSE

Do you know people who show any of these signs? If they show quite a few, they may need help. Talk to them, or suggest they talk to a trusted adult.

GRADES

___ falling grades
___ academic failure
___ lack of motivation

SCHOOL ATTENDANCE

___ absenteeism
___ tardiness
___ on absence list but in school
___ suspension
___ frequent schedule changes
___ frequent visits to nurse or counselor

COCURRICULAR ACTIVITIES

___ loss of eligibility
___ increasing noninvolvement
___ dropping out

PHYSICAL SYMPTOMS

___ staggering or stumbling
___ smelling of alcohol or marijuana
___ vomiting
___ glassy, blood shot eyes
___ lack of coordination
___ slurred speech
___ bad hygiene
___ sleeping in class
___ physical complaints
___ physical injuries

CRIMINAL BEHAVIOR

___ selling drugs
___ exchange of money
___ possession of drugs and paraphernalia
___ involvement in thefts and assaults
___ vandalism
___ smoking

DISRUPTIVE BEHAVIOR

___ defiance of rules
___ irresponsibility, blaming, denying
___ fighting
___ cheating
___ throwing objects
___ sudden outbursts
___ obscene language, gestures
___ dramatic attention getting
___ crying
___ constantly being in wrong area
___ extreme negativism
___ hyperactivity, nervousness

ATYPICAL BEHAVIOR

___ sitting in parking lot
___ talking freely about drug use
___ avoidance of contact with others
___ erratic behavior change (day-to-day)
___ change of friends (negative)
___ sudden popularity
___ constant adult contact
___ older social group
___ hypertension (won't be touched)
___ sex looseness or intimacy in public
___ time disorientation
___ unrealistic goals
___ inappropriate response
___ depression
___ seeking adult advice without a specific problem
___ defensiveness
___ being withdrawn

OTHER

___ family problems
___ runaway
___ job problems
___ others report concern about behavior

LESSON: HDI8.3

GRADE LEVEL 8
LIBRARY

BIBLIOGRAPHY OF MATERIALS CONCERNING DRUG RELATED ISSUES

PURPOSE: Students will have the opportunity to gain knowledge and understanding of compiling a bibliography.

Students will compile a bibliography comprised of the sources used to gather information concerning a drug related issue.

ACTIVITY:
* Review library and the location of materials
* Have students gather bibliographic information
* Choose a particular "form" for the bibliography, and be sure students have at least two examples that show examples of correct bibliographic format.

MATERIALS: Access to a variety of library resources
The Bibliography work sheet

SUGGESTIONS: Provide students with a number of copies of a good trade book with examples of bibliographies.

Following the lesson have students compare the drug related issues that they chose, and the sources they came up with.

BIBLIOGRAPHY OF MATERIALS CONCERNING DRUG RELATED ISSUES

Name ______________________ Date ____________________

You will be putting together a bibliography of materials you could use to create a report on a drug related issue of your choice.

YOUR "ISSUE" : ______________________________

VARIOUS SOURCES:

The vertical file
Reference books
Library books
Electronic Encyclopedias (CD-ROM)
Public organizations
Counselors materials

USE the various sources available to you, and compile a bibliography according to the specific bibliography form your instructor has provided.

Be sure to note that different rules apply to different sources, for example your bibliographic information for a book is different from the bibliographic information for a magazine.

FOR our purposes, find TEN sources. List the sources in the proper bibliographic format below.

I suggest you type the information in if at all possible.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

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VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI8.2

GRADE LEVEL 8
LIBRARY

INDIVIDUAL REFERENCE BOOKS

PURPOSE: Students will be self-introduced to individual reference books of their choice.

PROCEDURE:
- * Review library lay out with students
- * As a group, make a list of available reference books
- * Hand out INDIVIDUAL REFERENCE BOOKS work sheet
- * Facilitate the locating of necessary books

MATERIALS: A library !

SUGGESTIONS: Have students work in groups of two or three.

INDIVIDUAL REFERENCE BOOKS

NAME______________________________ DATE______________________

FIND five reference books in your library that contain some information related to drugs or drugs issues.

DIRECTIONS: * Locate the following information using the individual reference books available in your library. Complete the information below:

****

BOOK 1

Title ____

Publisher ____

Copyright date ____

How is this reference of help and interest to the reader:

____

****

****

BOOK 2

Title ____

Publisher ____

Copyright date ____

How is this reference of help and interest to the reader:

____

****

****

BOOK 3

Title ____

Publisher ____

Copyright date ____

How is this reference of help and interest to the reader:

____

****

****

BOOK 4

Title ____

Publisher ____

Copyright date ____

How is this reference of help and interest to the reader:

____

****

* * *

BOOK 5

Title

Publisher

Copyright date

How is this reference of help and interest to the reader:

* * *

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GRADE 9

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI9.4

GRADE LEVEL: 9
COMMUNICATION ARTS

TRACKING YOUR BIG IDEAS

IT'S TIME TO TRACK YOUR BIG IDEAS!

Let's explore your thoughts and feelings about drug and alcohol related events in your life.

This is a writing assignment..... but CONTENT is more important than mechanics!

ASSIGNMENTS:

Copy the number and question on the top of a clean sheet of paper and write a paragraph below each question.

1. Write a paragraph describing the most important and useful knowledge you have ever acquired IN REFERENCE TO BEING "DRUG FREE".

2. Write a paragraph describing an important event or experience or condition that has vanished from your life. IF THERE HAS BEEN AN EXPERIENCE THAT IS DRUG OR ALCOHOL RELATED, USE THAT EXPERIENCE.

3. Write a paragraph describing an important event or experience that so far exists only in your mind, yet is still a possibility. AGAIN, refer TO THE TOPIC AT HAND WHICH IS DRUG OR ALCOHOL RELATED SITUATIONS.

4. Write a paragraph describing an important event, experience, or condition that exists only in your mind, and most likely will never be a reality. REFLECT ON SOME POSSIBLE FEARS OR DOUBTS YOU HAVE IN REFERENCE TO YOU AND THE WORLD AROUND YOU.

5. Use this paragraph to work out a problem that has been bothering you.

Created by: DEBRA DORRANCE -- 2\10\91

LESSON: HDI9.10

GRADE LEVEL: 9
COMMUNICATION ARTS

SHORT TERM CONTRACT

PURPOSE: To help students see exactly what they must do to reach a goal.

MATERIALS: Copies of the SHORT TERM CONTRACT.

ACTIVITY: Filling out the contract and understanding the terms of the contract.

SUGGESTIONS: Have students choose a friend or classmate to monitor the contract. Give the students time in class daily to discuss the difficulty of keeping the contract.

*Modify the contract to meet students' special situations as the need arises.

**************************** Contract Time********************************

Sometimes changes are a result of forces over which you have no control. You have no choice but to accept the changes with as much flexibility as possible. But there are many other times in your life when you can determine what the change will be and act upon it. In small ways and big ways, you can take control.

If you could (or should) make a change in your life, what would it be?

* study for a major upcoming test ?
* get more sleep ?
* exercise everyday ?
* be more polite to your parents ?

Even if you only make a small change, you will need a plan. One way of planning for a change is to write a contract with yourself. A contract is an agreement. A contract helps you see exactly what you need to do to reach your goal.

Created by: DEBRA DORRANCE -- 2/10/91

CHANGE : A SHORT-TERM CONTRACT

The change I plan to make:

The reason I want to make this change:

The actions I will take to make this change:

1.

2.

3.

Date Started:

Date Completed:

Signed______________________________

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI9.11

GRADE LEVEL: 9
COMMUNICATION ARTS

LONG TERM CONTRACT

PURPOSE: To expose students to one method of "preparing" to reach a goal.

MATERIALS: Copies of the long term contract

ACTIVITY: Discuss with class how reaching a goal requires a long term committment. Talk about some goals literary or historical or scientific figures have reached.

Fill out contract and discuss responsibilities

SUGGESTIONS: Modify the contract to meet the needs of particular students and situations.

GAME PLAN: Your Goals, Your Rules

CHANGE : A LONG TERM CONTRACT

The change I plan to make:

The reason I want to make this change:

ACTIONS I can take to help the change occur:

1.
2.
3.
4.
5.

Signed ______________________________

Take this contract and put is somewhere VISIBLE . You need to see it as a reminder of the change you are attempting.

As your life gets more and more complex, remember that you can activate change by taking a good hard look at your self and setting goals to work toward.

Created by: Debra Dorrance Date: 2-10-91

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI9.6

GRADE LEVEL: 9
COMMUNICATION ARTS

HERE'S LOOKING AT YOU

PURPOSE: Students' will explore multiple aspects of their personality

MATERIALS: Work sheet

ACTIVITY: Answering questions, open discussion

PROCEDURE:

1. Provide each student with a copy of the work sheet.
2. Review the work sheet with students prior to having them answer the questions.
3. Informally, discuss the answers in a group situation.

Created by: DEBRA DORRANCE -- 2/10/91

WORKSHEET >>>

NAME ________________________________

We will now explore the aspects of your PERSONALITY.

A. Answer the following questions with YES NO UNSURE

1. I get compliments on my physical appearance.
2. I know how to dress to create a good impression.
3. I worry about the way I look.
4. I want my friends to be good-looking.
5. I feel good about my size and shape.
6. I am proud of the clothes I wear and the things I own.
7. Explain one thing about your physical presence that you particularly like.

8. Describe one improvement you would like to make in your physical presence.

B. Are you satisfied with how much you know? Are you able to solve problems?
Do you dream a lot? Do you do a lot of wishing?

Read each statement and place the best response after it.

POSSIBLE RESPONSES: YES NO UNSURE

1. I am known as a person with a lot of good ideas.
2. I believe it's worthwhile to share my ideas with others.
3. I think day dreams are important.
4. I respect intelligence in others.
5. I am a creative person.
6. I learn interesting things from books and people.
7. Explain one of your accomplishments that your Intellectual Presence made possible.
8. Describe one improvement you would like to make in your intellectual presence.

Do you usually know how you feel? Do you generally have a positive attitude? Answer the following questions ...

RESPONSES: YES NO UNSURE

1. I am good at sorting out my feelings.
2. I believe that people want to know how I feel.
3. I think emotions are an important part of a person.
4. I want to know how other people feel.
5. I can control my feelings so they don't interfere with my goals.
6. I have the same kinds of feelings as other people my age.
7. Explain one thing about your emotional presence that you particularly like.
8. Describe one improvement you would like to make in your emotional presence.

LESSON: HDI9.3

GRADE LEVEL: 9
COMMUNICATION ARTS/ART

OPEN YOUR EYES!

INDEPENDENT PROJECTS TO INCREASE AWARENESS

PURPOSE: To open the students' eyes to the community and its relationship to drugs, drug use, and drug intervention clinics.

To help students independently explore different media and how the media views and portrays drug use, drug education, and drug awareness.

ACTIVITY: Assignment and monitoring of INDEPENDENT PROJECTS

MATERIALS: Specific art materials needed vary from project to project.

PROCEDURE:

1. Provide each student with a list of the possible independent projects. Have them view the project list as "suggestions" or "guidelines".

   Only their imagination can limit them..... Projects are meant to be molded by the individual and become a personal project.

2. Provide students with time to choose the project they are interested in. You may want to place students in groups to brainstorm and share ideas.

3. Provide the students with a schedule of "monitoring days" - days when you will check to see the progress they are making on the project.

4. Choose a PRESENTATION day when students will report to the class their project and findings.

Created by: DEBRA DORRANCE -- 10/1/90

*********************INDEPENDENT PROJECT LIST******************************

Name________________________________

******************** Community Work

1. Write letters to congress about drug-related issues.
2. Visit a local resource which helps people with drug-related problems, and write a report on the resource.
3. Attend an Alcoholics Anonymous, Alateen, or Alanon meeting, and write about your experience.
4. Make up anti-drug commercials, or anti- drinking and driving commercials.
5. Volunteer to help an elementary school teacher or Sunday school teacher teach refusal skills.
6. Conduct a survey on people's attitudes toward drug use. Tabulate the results and write a report on your conclusion.
7. Put together a fundraiser for a local drug treatment program.
8. Make a video for elementary school students which deals with refusal skills.
9. Create a cartoon for elementary school children which deals with drug issues.
10. Interview people recovering for chemical dependency.

******************** MEDIA

1. Analyze advertising techniques , using examples of how advertisers describe drugs and drug use.
2. Collect newspaper articles relating to drugs and comment on them.
3. Listen to a particular radio or T.V. station, and analyze its position on drugs, based on the number and type of drug references it makes. Then write a letter to your station explaining your analysis.
4. Collect songs whose lyrics relate to drug use. Write them in a notebook and comment on the lyricist's view of drugs.
5. Watch a T.V. show / Video relating to drug use. Comment on its strengths and weaknesses.
6. Collect comic strips that deal with drug use. Place them in a notebook and comment on how they help/hinder drug awareness.

******************** ARTWORK

1. Make a chart illustrating the local laws regarding drug use.
2. Make a poster or collage about drug dependence.
3. Make a poster about the physical effects of drug use.
4. Make a collage about the behavorial effects of drug use.
5. Make a poster about the types of drugs and their effects.
6. Make a poster about the warning signs of alcoholism.
7. Make up a story about someone who uses drugs while young, and how it affects that person's life.
8. Make up a story or play depicting a family member who is chemically dependent.
9. Write down your goals and state why using drugs may affect them.
10. Make a resource list of community resources dealing with drug use and abuse.

******************** REPORTS

1. Construct a word puzzle with vocabulary words relating to drug issues.
2. Select a picture or drawing and write a story about drugs that relates to the picture.
3. Read a book about drugs and write a report on it.
4. Write a report on the alternative to drug use.
5. Write a report on drug use and the law.
6. Write a report on the physical effects of drug use.
7. Write a report on the reasons why people don't use drugs.
8. Write a report on driving and the use of drugs.

LESSON: HDI9.5

GRADE LEVEL: 9
COMMUNICATION ARTS

MEMORIES

PURPOSE:	Promote discussion of drug related situations
ACTIVITY:	Writing assignment, discussion
MATERIALS:	Work Sheet (next page)
PROCEDURE:	Follow instructions on work sheet Be sure to share the written outcome of the paragraph writing assignment as a class.

Created by: DEBRA DORRANCE -- 2/10/91

WORKSHEET>>

NAME ____

JOURNAL EXERCISE Memories of a time of your life.

For this lesson you are asked to take a look at your past. Record your answers in the corresponding spaces below (use back if necessary).

Take your time and try to learn something about yourself from this lesson.

Task: Recall a time in your life when you had a very strong feeling about an event or person. If possible. Center your writing on situations involving drugs or alcohol that you have been exposed to.

1. Explain where you were and what happened.

2. Describe the physical sensations that made you aware of your feeling. For example, if you were sad, did you begin to cry? If you were afraid, could you feel your heart beating wildly?

3. Did you create in others an awareness of your feeling? If so, how?

4. Did you hide your feelings? If so, how?

5. What is one advantage of expressing your feelings to others? Can you list more than one advantage?

6. What is one advantage of keeping a feeling hidden? Can you list more than one advantage?

LESSON: HDI9.9

GRADE LEVEL: 9
COMMUNICATION ARTS

RESEARCH YOUR FEELINGS

PURPOSE: To provide teachers with a list of independent creative research projects appropriate for class use.

ACTIVITY: A variety of activities are outlined below.

MATERIALS: Dependent on project chosen.

*TEACHER NOTE: Each of the following activities lends itself to class presentation- if you are reluctant to ask the students to present a project, at least make the "research" or completed project available to the class.

Note also that you may want to choose one activity and have the entire class work it. It could prove to be a project that initiates communication in your classroom!

ACTIVITY 1. RESEARCH

A. List ten words that name feelings, such as hate, love, pain, fear, anxiety, and sorrow. Create a crossword puzzle using the words and clues you create.

B. Find five books in the 150 section of the library. Make a list of the books. For each book, describe the kind of information that can be found in the book.

C. Write a report on one of the following topics:

1. How to tell a friend that is in trouble with drugs or alcohol that you want to help.
2. Ways in which adolescents can control their feelings.
3. Fears that plague teenagers.

ACTIVITY 2. CREATIVE WRITING

A. Write a short play about some of the fears that are a part of a teenager's life.

B. Write a conversation between a parent and a teenager in which the parent says no to something the teenager wants to do.

C. Choose a feeling and write a poem in which you describe this feeling in terms of your five senses.

ACTIVITY 3. ART PROJECTS

A. Make a feeling cube on which you record a different feeling on each side of the cube. Accompany the word with pictures or drawings that depict that feeling.

B. Make two paper mache masks that depict opposite feelings.

C. Using magazine pictures, create a decorative poster that illustrates a variety of feelings and emotions. Display the poster in your school or classroom.

Created by: DEBRA DORRANCE -- 2/18/91

LESSON: HDI9.12

GRADE LEVEL: 9
COMMUNICATION ARTS

READING AND REVIEW SERIES:
SMOKELESS TOBACCO

PURPOSE: The reading and review series provides students and teachers with drug related information.

The reading and review series provides students and teachers with a tool to test reading comprehension.

MATERIALS: Fact sheet HDF4.4 (follows), worksheet (begins next page)

ACTIVITY: Reading, Reviewing, Writing

PROCEDURE: A. Reproduce the

1. Fact sheet (HDF4.4)
2. Work sheet

b. Read the Fact Sheet

c. Answer the Work Sheet questions

Created by: DEBRA DORRANCE -- 3/5/91

WORK SHEET : HDI9.12 Reading and Reviewing Series

NAME ______________________________

YOUR ASSIGNMENT : Read fact sheet HDF4.4, SMOKELESS TOBACCO.
Answer the following questions.

SMOKELESS TOBACCO

QUESTIONS :

1. What is the name of the stimulant drug that is found in the dried leaves of the tobacco plant ?

2. What can you think of that contains tobacco? List as many items as possible.

3. How many millions of pounds of tobacco are produced each year for non-smoking use ?

4. What substances have been found to take the place of tobacco ?

5. Approximately how many people use smokeless tobacco ?

6. Make a > chart using >> to show where smokeless tobacco goes once it enters the body. I will begin the flow chart for you.

   Tobacco enters >
   mouth

7. How does nicotine enter the nervous system ?

8. There is as much nicotine found in the bloodstream of smokeless tobacco users as there is in people who smoke tobacco products.
   TRUE OR FALSE ?

9. Make a list of three short term effects of smokeless tobacco:

a.
b.
c.

10. Make a list of three ways that smokeless tobacco impairs the body's functions :

a.
b.
c.

11. Name three cancers related to tobacco chewing :

a.
b.
c.

12. Prolonged use of smokeless tobacco causes many orally related problems. List four common problems :

13. Is nicotine addicting ?

14. Withdrawal symptoms generally can be characterized by :

-
-
-
-
-

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDF4.4
FACT SHEET

GRADE LEVEL: 4

SMOKELESS TOBACCO

The stimulant drug, nicotine, is found in products made from the dried leaves of the tobacco plant, such as cigarettes, cigars, pipe tobacco, and chewing tobacco. All forms of cured tobacco contain nicotine, including "chew," or "smokeless tobacco." Each year the United States produces about 130 million pounds of tobacco intended for non-smoking uses. Current estimates of consumers of smokeless tobacco range between 11 million and 22 million. No country that has learned to use tobacco has ever given up the practice, and no other substance has been found through the centuries to take the place of tobacco.

Smokeless tobacco is usually chewed or sucked (sometimes inhaled, as with snuff). It mixes with saliva and, much like food, makes its way through the stomach into the intestines, then through the intestinal lining into the bloodstream. The nicotine I tobacco juice is also absorbed through the lining of the mouth and directly affects the nervous system. Although the nicotine from smokeless tobacco enters the bloodstream more slowly than from cigarettes, studies have shown that average blood concentrations in regular users of smokeless tobacco are comparable to those found in smokers.

WHAT IT DOES IN THE SHORT TERM

The short-term effects of using smokeless tobacco are similar to those of smoking - an increase in heartbeat, a rise in blood pressure, and a drop in skin temperature. There is also an increase of the release of acid into the stomach, a slowing of stomach emptying, and a decrease n the formation of urine. The nicotine first stimulates and then reduces the activity of parts of the brain and nervous system. Users of smokeless tobacco also place themselves in danger of developing a variety of oral afflictions, including white patches on the inside of the mouth (leukoplakia).

WHAT IT DOES IN THE LONG TERM

As nicotine enters the bloodstream, the arteries constrict and the blood platelets become sticky and cluster together. Since the heart is beating faster, it is pumping more blood through a narrower opening. Blood pressure rises, which increases the risk of strokes and heart attacks in those with diseased vessels.

Tobacco chewing, even more than cigarette smoking, has been related to increased risk of oral, pharyngeal, and esophageal cancers, which in turn tend to spread quickly to other parts of the body. Over 55,000 cases of oral cancer are discovered and 14,000 people die each year from cancers of the check, mouth, tongue, and lips. Prolonged use of smokeless tobacco causes mouth sores, lip stains, bad breath, discolored teeth and fingers, and the destruction of gums, and may delay the healing of wounds.

Nicotine addiction is quite common. The withdrawal symptoms generally include anxiety, irritability, lethargy, and an increase in appetite, often in the form of craving for sweets.

Created by: P DORRANCE -- 12/8/89

VISIONS --- DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDI9.13

GRADE LEVEL: 9
COMMUNICATION ARTS

READING AND REVIEW SERIES:
ALCOHOL

PURPOSE: The reading and review series provides students and teachers with drug related information.

The reading and review series provides students and teachers with a tool to test reading comprehension.

ACTIVITY: Reading, Reviewing, Writing

MATERIALS: Fact sheet HDF3.3 (follows), worksheet (begins next page)

PROCEDURE: A. Reproduce the

1. Fact Sheet HDF3.3

2. Work sheet

B. Read the Fact Sheet

C. Answer the Work Sheet questions

Created by: DEBRA DORRANCE -- 3/5/91

WORK SHEET : HDI9.13 READING AND REVIEW SERIES
ALCOHOL

NAME____________________________________

YOUR ASSIGNMENT : Read the fact sheet.
Answer the questions.

1. 1 out of 10 people who drink become an alcoholic. True or false?

2. Children become chemically dependent much more rapidly than do adults. True or false ?

3. It is true that even in small quantities, alcohol affects the body in many ways. List 6 ways that small quantities of alcohol affects the body :

4. Can alcohol kill ?

5. When taken in large doses over long periods of time, alcohol can :

-
-
-
-

6. Why are pregnant women told not to drink ?

7. What syndrome affects children born to mother's who drank during pregnancy ?

8. Why is it dangerous to take other drugs while under the influence of alcohol ?

9. What does the term "potentiative" mean ?

10. Many "fatalities" are related to drinking. List the most common.

11. What crimes are often related to alcohol ?

12. How can drinking and alcohol affect the family unit ?

13. What does "treatment" entail ?

14. List three organizations that help people who have drinking problems or live with someone who has a problem :

-
-
-

LESSON: HDF3.3 GRADE LEVEL: 3
FACT SHEET

ALCOHOL

Alcohol is the most misused drug in the nation: One out of ten people who drink becomes an alcoholic. This group of people includes men and women, old and young, from all socioeconomic classes, backgrounds, religions, races and occupations. Fifty percent of all the alcohol in the U.S. is consumed by only ten percent of the population. Use of alcohol often starts as early as the sixth grade, and one out of every sixteen high school seniors drinks alcoholic beverages daily. One out of every five teenagers is considered to have a serious drinking problem, i.e., he/she drinks at least once a week and has 5 to 12 drinks on a single occasion. This information is underlined by the fact that children become chemically dependent much more rapidly than do adults.

All alcoholic beverages can do harm. There is as much alcohol in an average serving of wine or hard liquor. In small quantities, alcoholic beverages - beers, wines, distilled spirits, liqueurs, etc. - dilate blood vessels, lower blood pressure, stimulate appetite, and increase heart rate, gastric secretion, and urine output. Short-term effects are related to the concentration of alcohol in the blood, low levels usually producing mild sedation and higher levels usually producing behavioral changes range from pensiveness and melancholia to talkativeness, disorientation, and aggressiveness. At still higher levels, alcohol can produce stupor, coma, or death.

When taken in large doses over long periods of time, alcohol can prove disastrous, damaging the heart, brain, liver, and pancreas, and leading to various heart diseases, nervous disorders, and cancers. Many children born to women who drink while pregnant have a pattern of irreversible physical and mental birth defects (The condition in its severe form is known as fetal alcohol syndrome; a less severe form, called fetal alcohol effects, has been found in children born to women who have consumed as little as one to two drinks a week). Alcohol has a high potential for physical and psychological dependence (alcoholism), particularly among children and adolescents, whose bodies are still forming; withdrawal, especially after heavy and prolonged use, is hazardous.

Taking alcohol in conjunction with another drug - even an over-the-counter drug like aspirin - is very dangerous: More people die from intoxication by drugs in combination with alcohol than from alcohol intoxication itself. While under the influence of alcohol, individuals are more sensitive to others drugs. The combination of the effects of alcohol and another drug may be "potentiative." That is, half-doses of both drugs taken together produce an exaggerated action that is stronger than the effect of a full dose of either drug taken separately. For example, alcohol and barbiturates produce a depressant effect on the central nervous system much greater than would occur from either drug taken alone.

The effects of using alcohol extend beyond the direct physical impairment of the organs of the body. Since some of the immediate effects of alcohol use are impaired judgment and coordination, tasks such as driving or using heavy machinery become extremely dangerous. Over half of all highway accident fatalities are alcohol related. Such accidents ar responsible for 40 percent of all deaths of 16 - 24 year-olds. Use of alcohol has been found to be highly correlated with other types of accidents as well - plane crashes, industrial injuries, fires, and falls. Further, alcohol figures prominently in violent crimes, including assault, child abuse, spouse battering, homicide, and suicide.

The effects of alcohol on the family are intense and long-lasting. Characteristic of families with an alcoholic member are physical and mental abuse of the other members, isolation from normal social activities, feelings of guilt and estrangement, inability of children to trust, shame and humiliation, difficulties with the job and with finances, lack of self-esteem, and a partial or total disintegration of the family unit. Children who grow up in families with an alcoholic member are much more likely to become alcoholics themselves.

Treatment for alcoholism usually consists of ridding the body of the alcohol, correcting the health problems that may have been produced by the drug, and altering the individual's behavior so that destructive patterns are not continued. There are many organizations - Alcoholics Anonymous, Al-Anon, and Alateen, to name a few - which seek to help recovering alcoholics and their families. Most therapists concur that only total abstinence from alcohol is and effective treatment for alcoholism.

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LESSON: HDI9.14

GRADE LEVEL: 9
COMMUNICATION ARTS

READING AND REVIEW SERIES: BE SAFE FROM POISONS

PURPOSE: The reading and review series provides students and teachers with drug related information.

The reading and review series provides students and teachers with a tool to test reading comprehension.

MATERIALS: Fact sheet HDF2.1 (following), worksheet (next page)

ACTIVITY: Reading, reviewing, writing

PROCEDURE: A. Reproduce the
  1. Fact sheet HDF2.1 (following)
  2. Work sheet

B. Read the fact sheet

C. Answer the work sheet questions

Created by: DEBRA DORRANCE -- 3/5/91

WORK SHEET : HDI9.14 READING AND REVIEW SERIES
BE SAFE FROM POISONS

NAME____________________________________

YOUR ASSIGNMENT : READ THE FACT SHEET.
ANSWER THE QUESTIONS.

1. Think about the items in your home. Make a list of 12 items that could be considered poisons :

2. Name a few common sources of poison that children 5 years and younger often get into :

3. How can you safeguard children from poisons?

4. What should you do if you think someone has been poisoned ?

5. In what two situations should you not try to get the person to vomit ?

6. Giving children medications requires precautions. List 8 of the most important guidelines to consider in relation to proper use of medications :

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDF2.1
FACT SHEET

GRADE LEVEL: 2

BE SAFE FROM POISONS

Most homes contain dozens of poisons which can be hazardous to children-cleaning and laundry products, baby oil, over-the-counter medications, toiletries, paint, fertilizers, furniture and car polish, gasoline products. Three-quarters of the call commonly received by Poison Control Centers concern children 5 and younger. For these children, the most common sources of poison which cause death are vitamins, cologne and perfume, and aspirin. For children over 5, the most common sources are alcohol and gasoline (Children at this age often commit these acts knowingly, e.g., to gain attention).

Some measures for safeguarding children from poisons include the following:

- keeping all poisons in their original containers
- using childproof lids on medications
- storing dangerous ingredients out of reach of children
- placing poison stickers on dangerous products
- removing or isolating poisonous house plants
- removing poisonous berries for yard plants

If someone has been poisoned, the local Poison Control Center should be called (or else a doctor, hospital emergency room, Fire Department rescue squad, or ambulance-many communities have 911 emergency numbers). Do not make the victim vomit if the poison is a corrosive or petroleum product, or if the victim is unconscious; otherwise, try to make the victim vomit.

MEDICATIONS

Giving children medications requires special precautions, since it is largely by misuse that injury occurs. The following are guidelines for the proper use of medications.

- Give your child medication exactly as directed.
- If you have any questions at all, consult your pharmacist or doctor.
- Discard unused medication and any medication past its expiration date.
- Never give medication in the dark; think about what you are doing!
- Keep medication away from direct sunlight or high humidity.
- Keep drugs fresh; do not buy them in large quantities.
- Make sure your physician knows about all the drugs you are using.
- Never share medication, even if the symptoms are similar.
- Be sure that children take children's dosages.
- Never mix medications together, e.g., in a pillbox.
- Try to use only one pharmacist for all your drug needs.

Created by: DEBRA DORRANCE -- 11/27-89

LESSON: HDI9.15

GRADE LEVEL: 9
COMMUNICATION ARTS

READING AND REVIEW SERIES:
MYTH AND FACT : CHEMICAL DEPENDENCY

PURPOSE: The reading and review series provides students and teachers with drug related information.

The reading and review series provides students and teachers with a tool to test reading comprehension.

MATERIALS: Fact sheet (HDFK.4)(following), worksheet (next page)

ACTIVITY: Reading, reviewing, writing

PROCEDURE: A. Reproduce the

1. Fact sheet
2. Work sheet

B. Read the fact sheet

C. Answer the work sheet questions

Created by: DEBRA DORRANCE -- 3/5/91

WORK SHEET : HDI9.15 READING AND REVIEW SERIES
MYTH AND FACT : CHEMICAL DEPENDENCY

NAME____________________________

YOUR ASSIGNMENT: READ THE FACT SHEET.
ANSWER THE QUESTIONS.

After completing this sheet, use the fact sheet to correct your answers.

CHECK THE APPROPRIATE COLUMN.

MYTH	FACT	
____	____	Most alcoholics are men.
____	____	Alcoholism effects predominantly middle aged people.
____	____	Chemical dependency shows no favorites.
____	____	Chemical dependency effects all classes, creeds, and colors.
____	____	If you grow up with alcoholism you learn to never drink "that way."
____	____	Alcoholism runs in families.
____	____	Alcoholism only affects the drinker.
____	____	"Addicts" are people who live in slums and don't have jobs.
____	____	Drug addiction is a medical problem.
____	____	If you don't use every day you are not "addicted".
____	____	If you are chemically dependent you do not have control over the drug you use.
____	____	It's O.K. to drink in high school. Every one does.
____	____	Everyone who enters treatment will be "cured".
____	____	The progression of drug abuse to dependency is gradual.
____	____	Very few addicted people conform to the stereotype often associated with chemical dependency.
____	____	Blackouts happen to everyone at sometime or another. They are nothing to worry about.
____	____	People with addiction and chemical dependency problems just want to be left alone.

LESSON: HDFK.4 (FACT SHEET)

CHEMICAL DEPENDENCY

MYTHS AND FACTS ABOUT CHEMICAL DEPENDENCY

MYTH: Most alcoholics and other drug addicts are men, skid road bums, and middle-aged.

FACT: Chemical dependency shows no favorites. Although some groups of people are at less risk than others, chemical dependency is found among both sexes and all classes and ages of people. Very few abusers conform to the stereotype of the skid road bum. Further, the proportion of women to men drug abusers has been increasing in recent years.

MYTH: People who are dependent on alcohol and other drugs use drugs every day.

FACT: Chemical dependency is not determined by how often people use drugs, but whether or not they can control their use once they start.

MYTH: You're not an addict unless you are shooting drugs.

FACT: People ingest drugs in a variety of ways. Drugs can be shot, snorted, eaten, swallowed, and smoked. Dependency can develop by any of these routes of ingestion. Alcohol is the country's number-one drug problem. About 500,000 Americans are addicted to heroin, but over 15,000,000 are addicted to alcohol.

MYTH: Alcoholism and other drug addictions are untreatable.

FACT: Many people can recover from a dependency on drugs, while others cannot. Recovery is a lifelong process that requires the individual to abstain totally from the drug on which she/he is dependent.

MYTH: Discipline is the answer to the problem of drug addicts.

FACT: Drug addiction, including alcoholism, is a medical problem. People who are sick need help-medical attention, counseling, education, and therapy.

MYTH: Addicts only hurt themselves.

FACT: They also hurt their families, friends, employers, and strangers on the highways.

MYTH: "I'll never drink like my Dad/Mom/brother/sister."

FACT: For whatever reason, alcoholism and other drug addictions run in families. If someone in an individual's immediate family has a problem with drugs, then that individual is at high risk for drug abuse.

SYMPTOMS OF CHEMICAL DEPENDENCY

The progression of drug use to abuse and to dependency is usually gradual (though far quicker for teenagers than for adults): Certain aspects of life are discarded and others taken on. In general, chemical dependency is characterized by compulsion to take the drug, loss of control over itsuse, and continued use despite adverse consequences. Other symptoms depend on the type of drug taken and the methods by which the drug is administered. A list of common symptoms of alcoholism and other drug addictions follows, with the earlier symptoms presented first:

increase in tolerance
memory blackouts
sneaking of drug use
decrease of ability to stop when others do
complaints by family
feelings of guilt
extreme behavior
failure of efforts to control drug use
avoidance of family and friends
work and money troubles
tremors
lengthy intoxications
unreasonable resentments
inability to initiate action
physical deterioration
impaired thinking
obsession with drug use
denial of problem

The significant shifts in behavior as chemical dependency develops are those associated with the user's orientation, such that obtaining and using the drug occupies a growing share of that person's productive efforts. These changes are typically a phasing out of friends who do not contribute to or support the drug use, of activities which do not permit or facilitate the drug use, and of beliefs and opinions which act against the continued drug use. As the individual becomes fully chemically dependent, the non-drug aspects of the user's life become peripheral except when they make possible the purchase and use of the drug.

Created by: P. DORRANCE -- 12/1/89

LESSON: HDI9.16

GRADE LEVEL: 9
COMMUNICATION ARTS

READING AND REVIEW SERIES: WHAT IS A DRUG?

PURPOSE: The reading and review series provides students and teachers with drug related information.

The reading and review series provides students and teachers with a tool to test reading comprehension.

ACTIVITY: Reading, Reviewing, Writing

MATERIALS: Fact Sheet HDFK.1 (following), Worksheet (beginning next page)

PROCEDURE: A. Reproduce the

1. Fact Sheet HDFK.1
2. Work Sheet

B. Read the Fact Sheet

C. Answer the Work Sheet questions

Created by: DEBRA DORRANCE -- 3/5/91

WORK SHEET : HDI9.16 READING AND REVIEW SERIES

WHAT IS A DRUG ?

NAME________________________________

YOUR ASSIGNMENT : READ THE FACT SHEET.
ANSWER THE QUESTIONS.

1. Look the word "drug" up in the dictionary.
   How is it defined?

2. Some common drugs are:

   ALCOHOL

   ANTIBIOTICS

   ASPIRIN

   COUGH SYRUP

   HEROIN

   INSULIN

   Look each of these words up in the dictionary and define them accordingly. Make a note at the end of your definition: was the word "drug" used to define the word?

3. From your own experience, list five drugs used for medical reasons.

4. List five drugs that you have heard of that are "street" drugs.

5. List five drugs that are often thought of as appropriate in social situations.

6. Relate one experience you have had with drugs-

7. Relate one experience someone has told you about drugs-

8. List 12 "drug free" activities you could participate in

LESSON: HDFK.1 (FACT SHEET)

WHAT IS A DRUG?

Almost any substance a person ingests will change the way that person's mind or body functions, so we've made the definition of a drug less inclusive and therefore more meaningful by eliminating "food" from the definition.

Moreover, consumption of food is a natural process necessary for sustenance of life, while the consumption of drugs is a supplementary activity more deserving of our attention here. What follow is a list of several common drugs and a brief, very basic description of their major effects. These statements have been written with the K-1 child in mind.

ALCOHOL (e.g., beer, wine, liquor) - makes the body slow down and the user feel dizzy
ANTIBIOTIC - helps fight some germs
ASPIRIN - makes some pain go away
COUGH SYRUP - coats the throat, stops coughing
HEROIN - makes the user feel less pain, slows the body down
INSULIN - helps treat diabetes
MARIJUANA - makes the body slow down and the user feel dazed
NICOTINE - makes the heart beat faster, increases breathing
STIMULANTS (e.g., caffeine, amphetamines) - make the body speed up

Some of the drugs listed above-antibiotics, cough syrup, and insulin-are legitimately used for medical reasons. Others, particularly alcohol in the form if wine, are used in certain religious ceremonies. The rest of the drugs have limited or no medical ar religious use in the U.S.. The point to be made is that, beneficial or harmful, drugs are powerful, and should be taken by children only under the supervision of a trusted adult for specific medical or religious purposes.

Created by: P. Dorrance -- 11/28/89

LESSON: HDI9.7

GRADE LEVEL: 9
COMMUNICATION ARTS

YOUR SOCIAL PRESENCE

OBJECTIVE: To provide students with an example of a social inventory.

MATERIALS: Copies of social inventory for each student.

ACTIVITY: Completing inventory, discussing inventory.

PROCEDURE:
a. Provide students with copies of the worksheet.
b. Review worksheet with students.
c. Have students complete the worksheet.
d. In a circle or informal seating arrangement, discuss the answers recorded on the sheet by the students.

Created by: DEBRA DORRANCE -- 2/10/91

WORKSHEET >>.

Name ____

SOCIAL PRESENCE : A Profile of How You Relate

Answer the following questions using full sentences.
Explain or expand any/all answers to make them complete.

1. Are you able to talk to people?

2. Do people usually react to you the way you expect them to?

3. Are you a good listener?

4. Are you comfortable around people most of the time?

5. Are you known as an easy person to talk to?

6. Do you believe people enjoy getting to know you?

7. Do you like to be with people?

8. Do you try to understand the ideas and feelings of other people?

9. Do you get along with most people?

10. Do you let people know how you think and feel?

11. Explain one of your accomplishments that your SOCIAL PRESENCE made possible. (minimum of 3 sentences please - use back if necessary)

12. Describe one improvement you would like to make in your SOCIAL PRESENCE. (minimum of 3 sentences please - use back if necessary)

13. How could your social presence affect your involvement with drugs and drug related situations?

LESSON: HDI9.8

GRADE LEVEL: 9
COMMUNICATION ARTS

WHERE ARE YOU HEADED?

PURPOSE: To give students the chance to project themselves into the future.

ACTIVITY: Group activity : Sharing Session

MATERIALS: Copies of the work sheet on next page

PROCEDURE: Prompt a discussion of where each student expects to be in the future.... explore their occupations, lifestyles, marital status, and state of happiness.

Following the preliminary discussion, pass out copies of the work sheet. Guide students through the completion of the work sheet.

Follow up the work sheet with a class sharing of the information they have recorded in reference to their future.

Discuss

- Did drug or alcohol affect where they ended up in the future ?

What if drugs or alcohol had played a role in their life ?

Where would they have ended up ?

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WORKSHEET >>

Name____________________________________

EVERY DAY IN EVERY WAY : You are Getting Better and Better

In TEN YEARS:

The year will be ....

I will be ..... years old.

Where I would like to be living ....

What I would like to be doing ....

Who I would like to have with me ....

In THIRTY YEARS:

The Year will be ....

I will be ..... years old.

Where I would like to be living ....

I What I would like to be doing ....

Who I would like to have with me ....

In FIFTY Years:

The Year will be ....

I will be ..... years old.

Where I would like to be living ....

What I would like to be doing ....

Who I would like to have with me ....

Take a good look at your life! You should take a copy of this and put it in a scrap book or diary......

LESSON: HDI9.17

GRADE LEVEL: 9
HEALTH

INTRODUCTION TO TRANQUILIZERS

PURPOSE: Students will be introduced to the tranquilizer drug family

PHYSICAL SETTING: Classroom or individual setting

TEACHER INSTRUCTION: Teacher will provide any materials that will enhance the learning process - pamphlets, films, knowledge.

STUDENT ACTIVITY: Reading.
Answering questions.

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tranquilizer

Tranquilizers are a group of drugs prescribed to relieve ANXIETY, tension, and agitation while having comparatively few adverse affects. Because they act as mild depressants on the central nervous system, however, they can lead to drowsiness and some degree of mental confusion. Also known as ataractics or anxiolytics, they are sometimes grouped as the "mild" tranquilizers, in contrast with stronger SEDATIVES such as barbiturates, the PSYCHOTROPIC DRUGS used in the treatment of mental disorders, and ALCOHOL.

As a group, tranquilizers are the most commonly used prescription drugs in the United States. They include the benzodiazepines (such as VALIUM and LIBRIUM), the dephenylmethanes (Vistaril and Atarax), and the propanedios (tybamate and meprobamate, also called Equanil and Miltown). Physicians choose between the various tranquilizers on the basis of their appropriateness to meet a specific need.

Anxiety is a normal response to STRESS and requires treatment only when the degree of physiological disturbance of the sympathetic nervous system interferes with the patient's overall functioning. Such disturbances may include accelerated heart rate, palpitations, involuntary movements, insomnia or other sleep disorders, diarrhea, bandlike headaches, increased rate of urination, and epigastric discomfort. Tranquilizers provide temporary relief in such instances, although the mere masking of symptoms in this way is potentially hazardous. With continuous use the tranquilizers also decrease in effectiveness, and dependency can occur (see DRUG ABUSE).Buspirone hydrochloride (BuSpar), which was approved by the U.S. Food and Drug Administration in 1986, appears to avoid these problems of drowsiness and possible dependency associated with other tranquilizers.

Bibliography:

American Medical Association, Psychoative Drugs (1976); Gabe, Jonathan, and Williams, Paul, eds., Tranquillizers (1986); Winger, Gail, Valium: The Tranquil Trap (1986).

See also: DRUG ABUSE.

Created by: DEBRA DORRANCE -- 5/5/91

STUDENT WORK SHEET : NAME ____________________

Questions :

1. When should tranquilizers be prescribed ?

2. How do tranquilizers affect the central nervous system ?

3. Are tranquilizers used frequently in the U.S. ?

4. Name some of the physiological disturbances that warrant use of tranquilizers.

5. Go to your local super market and make a list of drugs sold over the counter that appear to you to be some sort of tranquilizer.

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LESSON: HDI9.19

GRADE LEVEL: 9
HEALTH/SCIENCE

PAIN

PURPOSE:	Students will be introduced to the physical aspects of pain, and will formulate opinions concerning the use of drugs to relieve pain.
PHYSICAL SETTING:	Classroom setting, area in which to hold an informal discussion
TEACHER INSTRUCTION:	Teacher will act as mediator during discussion, and will pose questions to students.
STUDENT ACTIVITY:	Reading Oral discussion Written assignment
PREPARATION/ MATERIALS/EQUIPMENT:	Paper and pen. Chalkboard if available.
EVALUATIONS:	Teacher should assignment a P/F grade to written assignment, and encourage participation in discussion.

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Source:

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Pain is an unpleasant sensory and emotional experience that is normally associated with injury or threat of injury to body tissues. The behavior of a person in pain must be understood as a complex interaction of physiological, psychological, and sociological factors; for example, differences can be observed between individuals and between members of different cultures in their degree of response to injury. In everyday life, acute pain performs a valuable function in minimizing the harm of accidental injury or minor disease, and persons who are born without the ability to feel pain or who develop such an inability through disease are at great risk of the consequences of unrecognized injury. On the other hand, the severe pain associated with surgery, accidental injury, or childbirth can trigger reflexes that affect breathing, heart function, and blood pressure, sometimes with serious consequences.

Acute pain may become chronic--persisting indefinitely and serving no beneficial purpose--when it is not effectively treated or when healing is incomplete. Such pain is very resistant to medical intervention and may cause prolonged suffering and discouragement.

SENSORY MECHANISMS

The basic elements of pain are the sensory impulses generated by injury-sensitive receptors in the NERVOUS SYSTEM. These sense organs, called nociceptors, convert mechanical, thermal, or chemical stimulations that injure or threaten tissues into impulses that are transmitted along peripheral nerves to the SPINAL CORD, and from there to higher brain centers. Nociceptors occur in the skin, blood vessels, muscles and fascia (the hard sheaths that cover muscle), subcutaneous tissue, periosteum, (the tissue that covers bone), internal organs, and other structures.

Injury may excite two different kinds of nociceptors, known as A-delta and C fibers. The A-delta fibers generate a fast, bright, and short-lasting pain sensation that is well-localized. The C fibers slowly and persistently send diffuse and particularly unpleasant sensations. A sharp blow to the toe, for example, results in a bright flash of pain, followed by a longer-lasting burning sensation. The flash is due to A-delta nociceptors, whereas the slow pain comes from C fibers.

When injury occurs, spinal reflexes are also activated. These reflexes are rapid stimulus-response circuits that function betweem nociceptors and the spinal cord. Thus motor reflexes cause muscles surrounding an injury to go into spasm; the spasm, in turn, produces cramping pain, which adds to the pain of the injury. Similarly, other reflexes diminish the microcirculation of blood in the tissues surrounding the injury and cause the release of certain chemical substances that may cause pain when they come into contact with the nociceptors. Basically, these reflexes protect the injury victim by minimizing blood loss, but they often contribute to the degree of pain experienced.

SPINAL-CORD PATHWAYS

At junctions called synapses, the sensory nerves transmitting injury signals connect with spinal-cord pathways that carry information to higher brain centers, where sensory, emotional, and thinking mechanisms produce the conscious experience of pain. Two kinds of pathways carry injury signals in the spinal cord. One has long nerve fibers that connect directly with a central relay station, the thalamus (see BRAIN), from which other neurons reach to the cerebral cortex. This system conducts injury information rapidly and transmits information concerning the site, intensity, and duration of damaging stimulation--information that is perceived as a sharp, localized pain. The other pathway has long and short fibers with many synapses that slow the signal transmission to the thalamus; projections from this pathway go to brain centers responsible for unpleasant feelings and emotions. Impulses traveling along this pathway cause certain physiological reactions to injury that are linked to these unpleasant feelings.

Impulses from nociceptors are often amplified or damped along the course of signal transmission from the periphery to the brain. INFLAMMATION at the site of injury produces chemicals that sensitize the nociceptors, for example, so that they fire in response even to minor mechanical stimulation. Thus inflammation enhances injury signals. In contrast, damping occurs in several ways at the junction of the peripheral nerves and spinal cord, as when repetitive signals from nerve endings that detect touch and pressure close a "gate" in the spinal cord that blocks the transmission of injury impulses. Gating also occurs when certain pain-inhibiting neurons that descend from the base of the brain (brainstem) are activated. The gate they control in the spinal cord is activated by MORPHINE and similar opioid drugs, and by certain naturally occurring substances called endorphins that are produced within the brain. This process is thought to act spontaneously in times of emergency; wounded soldiers, for example, have reported suffering major injuries in combat with no pain.

CHRONIC PAIN

Sometimes the pain of an injury or disease never completely disappears with healing, or HEADACHES or other pains appear for no apparent reason and then recur or never subside. Such chronic pains are a major health problem in the entire industrialized world; in the United States, one-third of the population will at some time experience persistent or recurring pain that requires medical therapy. When pain persists indefinitely, the nature of the sensations changes with time and the patient tends to become increasingly discouraged, helpless, and hypochondriacal. Many surgeries to which sufferers resort only make the situation worse, as does the overuse of prescription medication. Multidisciplinary pain clinics have been established in the United States and other nations, however, and teams of medical specialists, psychologists, and social workers are often able to help patients with chronic pain.

RELIEF OF PAIN

Many ways exist for controlling or relieving pain. The use of ANESTHETICS for surgery is familiar, and ACUPUNCTURE and HYPNOSIS have also been tried. For other relief of pain, ANALGESIC drugs such as ASPIRIN, ACETAMINOPHEN, and IBUPROFEN can be used in cases where inflammation is present. Opioid drugs (see OPIUM) work by mimicking the naturally produced substances that activate pain-inhibiting systems in the brainstem and spinal cord. These drugs bind to sites throughout the brain and body (see OPIATE RECEPTOR), however, and can cause undesirable side effects such as nausea and confusion. With prolonged usage, patients also require larger doses and can become addicted (see DRUG ABUSE). Electrical-stimulation treatments, massage, and other such therapies are thought to act by closing the gate against pain at the spinal cord, and by improving the microcirculation of blood where the pain is located.

C. Richard Chapman

Bibliography:

Kerr, F. W. L., The Pain Book (1981); Lipton, Sampson, Conquering Pain (1984); Melzack, Ronald, and Wall, P. D., The Challenge of Pain (1982), White, A. A., Your Aching Back (1983).

STUDENT WORK SHEET:

NAME____________________________________

1. Define PAIN.

2. Why is it advantageous to feel PAIN ?

3. How does the pain generated by A-Delta fibers differ from the pain generated by C-Fibers ?

4. What is the function of the chemicals produced when an area of the body becomes INFLAMMED?

5. What role does MORPHINE play in the PAIN circuit?

6. Briefly summarize the number of ways presented in the article to relieve pain. A Chart may work well.

7. Think for a moment how drugs play a role in relieving pain.
Think for a moment about the medical/practical alternatives that can be used to relieve pain.

   Create two situations in which drugs would traditionally be used to rid a person of pain. Come up with drug-free alternatives that you could employ.

8. OPTIONAL: Have an informal discussion during which you share your "pain alternative" with the class.

LESSON: HDI9.20

GRADE LEVEL: 9
SCIENCE/HEALTH

DECONGESTANT DRUGS

OBJECTIVE(S): Students will be introduced to the common over-the-counter drug, the decongestant.

PHYSICAL SETTING: Individualized instruction / Group instruction.

TEACHER INSTRUCTION: Teacher will monitor and evaluate student progress.

STUDENT ACTIVITY: Reading for content
Dictionary definition of medical terms associated with decongestants
A trip to the store to analyze ingredients in packages

PREPARATION/
MATERIALS/EQUIPMENT: A dictionary

EVALUATIONS: Dictionary definitions

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decongestant drugs

Decongestants are drugs used to shrink swollen mucosa. They function by acting on the sympathetic nervous system to constrict blood vessels. When applied locally as drops or a spray, amphetamine, ephedrine, hydroxyamphetamine, mepherentermine, methoxamine, and phenylephrine, among others, are effective in relieving nasal congestion, respiratory ALLERGIES, or sinusitis, although aftercongestion may follow. Epinephrine is the most suitable drug for treating congestions of the conjunctiva. When given orally, some decongestants have good effects on allergic rhinitis, although none has any particular effect on the common cold. Decongestants are often formulated in combination with other agents such as antihistamines, antipyretics, analgesics, antitussives, or expectorants; benefits, however, depend largely on the other drugs.

E. A. Green

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STUDENT WORK SHEET:

NAME ____

1. What is the function of a decongestant?

2. What is sinusitis?

3. Define the following terms using the dictionary.

   amphetamine

   ephedrine

   hydroxyamphetamine

   mepherentermine

   methoxamine

   phenylephrine

   epinephrine

   antihistamines

   antipyretics

   analgesics

   antitussives

   expectorants

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LESSON: HDI9.21

GRADE LEVEL: 9
SCIENCE/HEALTH

DIURETICS

PURPOSE:	Students will be introduced to the function of diuretics.
PHYSICAL SETTING:	Classroom
TEACHER INSTRUCTION:	Guide
STUDENT ACTIVITY:	Reading Question Assessment
PREPARATION/ MATERIALS/EQUIPMENT:	No prior preparation
EVALUATIONS:	Written assignment should be evaluated by teacher.

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diuretic drugs

{dy-yur-ret'-ik}

Diuretics are chemical agents that help the body to rid itself of excess fluids by increasing the rate or URINE production by the kidneys. The accumulation of excess fluids in tissues, also known as EDEMA, is symptomatic of a wide range of heart, kidney, liver, and other disorders. Such disorders must be addressed, but diuretic drugs may be used in conjunction with other treatments.

Diuretics vary in the way that they alter the excretion of ELECTROLYTES by the kidneys; these electrolytes, such as sodium and potassium salts, are involved in the regulation of blood pressure. The drugs, which usually are taken in tablet form, derive from a number of pharmacological groups, including steroids, sulfonamides, and thiazides. They must be chosen in accordance with individual need; for example, a diabetic patient should probably avoid thiazides. Adverse reactions to diuretics include dizziness, numbness, rashes, electrolyte imbalance, and even shock, so their use in treating mild chronic conditions should be carefully considered.

Bibliography:
Cragoe, E. J., Diuretics (1983)

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STUDENT WORK SHEET :

NAME ______________________________

1. Define diuretic.

2. How do diuretics affect the body?

3. Make a list of the drugs derived from a number of pharmacological groups that are usually taken in tablet form.

4. Adverse reactions to diuretics include ...

5. List a circumstance in which you think a diuretic should be taken.

6. List a circumstance in which you think the use of a diuretic is abusive. (Taken for reasons other than medically ethical reasons.)

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LESSON: HDI9.22

GRADE LEVEL: 9
SCIENCE/HEALTH

HEXACHLOROPHENE

PURPOSE: Students will be introduced to hexacloraphene, a common over-the-counter drug.

PHYSICAL SETTING: Classroom

TEACHER INSTRUCTION: Guide

STUDENT ACTIVITY: Reading
Assessing questions

PREPARATION/
MATERIALS/EQUIPMENT: No prior preparation

EVALUATIONS: Student work sheet will be evaluated by teacher.

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hexachlorophene

{hex-suh-klohr'-uh-feen}

Hexachlorophene (2,2'-methylenebis {3,4,6-trichlorophenol}) is an antibacterial agent widely used in drugs and cosmetics. It is effective in preventing infection by microorganisms such as staphylococcus, especially if it is applied repeatedly, but it is ineffective against the so-called gram-negative organisms that cause meningitis and other diseases.

Recent evidence indicates that hexachlorophene may be extremely dangerous when used in bathing especially of premature infants) or when applied to mucous membranes or burned or injured skin. Hexachlorophene is absorbed through the skin and can cause neurological damage. Prescription drugs that contain hexachlorophene must be shown to be safe and effective in accordance with the regulations of the Food and Drug Administration and must carry very specific warning-label information. Over-the-counter drugs and cosmetics may contain hexachlorophene only as a preservative and at no higher level than 0.1 percent.

Nina L. Marable And Noelle Kehrberg

Created by: DEBRA DORRANCE -- 9/30/91

STUDENT WORK SHEET:

NAME ____

1. What type of "agent" is hexachlorophene?

2. Hexachlorophene is effective in preventing.....

3. Hexachlorophene can be extremely dangerous when used .....

4. Go to the supermarket and explore the drug aisle.
Find a product or two that contain hexachlorophene.
List the products here.

LESSON: HDI9.23

GRADE LEVEL: 9
SCIENCE/HEALTH

STATES OF CONSCIOUSNESS

PURPOSE:	Student will be introduced to the states of consciousness and how drugs can affect those states.
PHYSICAL SETTING:	Classroom / Home setting.
STUDENT ACTIVITY:	Reading Assessment of questions Formulation of opinion
PREPARATION/ MATERIALS/EQUIPMENT:	No prior preparation necessary.
EVALUATIONS:	Teacher will evaluate student work sheet.

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consciousness, states of

Consciousness is an awake state of mental alertness in which the subjects are selectively attentive to their own thoughts or to perceptions of stimuli from the environment or the body.

The distinctions between sleeping and waking and between attention and inattention indicate that there is a limen, or minimal state, of consciousness. The mere fact that attention is selective, moreover, apparently means that many thoughts and stimuli are capable of becoming conscious but only a few do so, and that the conscious mind can therefore process only one thought or stimulus at a time.

Freudian psychologists believe that the mind functions simultaneously on at least two levels, the conscious and the unconscious. This theory is based both on clinical observations of psychiatric patients and the following simple logic: When a conscious thought is replaced by another thought, like a slide in a projector, this implies that a second mechanism, necessarily not conscious, has thrust the second thought onto the screen of awareness.

Altered States of Consciousness

Mental experiences fall into natural groupings or states of consciousness. Sometimes their pattern and quality are so different from the ordinary that it is more useful to say that one is in an altered state of consciousness, such as a religious trance. Mental functioning and outward behavior in altered states can be impaired, improved, or merely changed. Besides having possible innate value, altered states may cast light upon the organization of the ordinary mental state.

The hypnagogic state occurs as we undergo the transition from waking to sleeping. It is marked by a shift from abstract thought to visual imagery, sometimes of a bizarre nature, and is accompanied by brain wave changes. About twenty percent of our sleep is spent in a brain wave pattern known as stage 1-REM (Rapid Eye Movement), and this stage accounts for most ordinary

DREAMING activity. The eyes move in close accord with the imagery of the dream, and the body would move if a special mechanism did not paralyze the muscles.

Next to dreaming, HYPNOSIS has been the most widely investigated altered state. Most people respond at least mildly to hypnosis. Those who are very susceptible achieve a state in which spontaneous thinking is virtually absent and they are extremely suggestible, able to experience almost anything the hypnotist suggests.

MEDITATION refers to a wide variety of procedures for concentrating awareness to achieve desired altered states, usually called higher states of consciousness, whereby direct insight into important aspects of reality is supposedly achieved. Little is known scientifically about meditation.

Many drugs, including marijuana, alcohol, mescaline, LSD, and heroin, may induce altered states (see HALLUCINATION). People tend to be very suggestible in drug-induced states, making it difficult to tell what effects are due to the drug itself and what to suggestions and expectations. Most consciousness-altering drugs are illegal in Western society and many irrational attitudes exist about them. Eastern meditative traditions usually regard drug-induced experiences as inferior imitations of genuinely higher states.

Physiology and Consciousness

All parts of the brain are involved in consciousness. Consciousness is most disturbed, however, by dysfunction of the reticular formation, the inner core of the brain. Experimentally induced in cats, damage to this area causes the animal to become drowsy, whereas stimulation makes the cat wide awake. The reticular formation partially controls the activity of the cerebral cortex, where thoughts and sensations are processed, and it has connections with the limbic systems, a region of the brain concerned with emotions and the regulation of certain reflex physiologic functions.

When the limbic area is affected by structural damage or by the effects of such drugs as barbiturates, the individual becomes drowsy, but consciousness may be distrubed even when the subject is seemingly awake and alert. Such disturbances consist of wild swings of mood, disorientation in place and time, and the nonaphasiac impairment of the ability to use words. The subject may also suffer AMNESIA.

Consciousness may be altered episodically by, for example, convulsive seizures caused by irritation of the temporal lobes of the brain. The subject may feel the environment is distant and unfamiliar, the so-called jamais vu phenonenon, or he or she may experience the so-called deja vu phenomenon, in which the environment seems quite familiar and the future entirely predictable, though in reality both are unknown.

Edwin A. Weinstein And Charles T. Tart

Bibliography: Harding, M. Esther, The I and the Not I: A Study in the Development of Consciousness (1973); Neumann, Erich, Origins and History of Consciousness, trans. by R. F. Hull (1970); Ornstein, Robert E., ed., The Nature of Human Consciousness (1973) and The Psychology of Consciousness, 2d ed. (1977); Tart, Charles T., Altered States of Consciousness (1972) and States of Consciousness (1975); Zinberg, Norman, Alternate States of Consciousness (1977).

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STUDENT WORK SHEET:

NAME____

1. Complete this sentence: consciousness is ...

2. Freud believed the mind to function on two levels.
Name the two levels

3. What can happen to mental functioning in altered states of consciousness?

4. When does a hypnagogic state occur?

5. Name some drugs that may induce altered states of consciousness.

6. Why do you suppose most consciousness altering drugs are illegal in western society?

7. How could consciousness altering drugs be life threatening?

8. How can consciousness be affected episodically?

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LESSON: HDI9.18

GRADE LEVEL: 9
SOCIAL STUDIES

BOOTLEGGING

PURPOSE: To bring to life the old "bootlegging" days

PHYSICAL SETTING: Interview with local person

STUDENT ACTIVITY: Read the following information concerning bootlegging. Find a local person who knows something about the bootlegging, and have them relate a story to you. You may want to record the interview.

Listen to the interview or look at your notes, and act like a reporter. Turn the interview into a story that could be read by magazine readers.

PREPARATION/ MATERIALS/EQUIPMENT: Optional: tape recorder

EVALUATIONS: Presentation may be done in front of the class.

READING SOURCE:

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bootlegging

Bootlegging is the illegal manufacture and transportation of alcoholic beverages. It may involve transporting them into a territory where their sale is banned, making them where their manufacture is illegal, or attempting to evade taxes on them. Bootlegging was widespread in the United States during the period of PROHIBITION (1920-33). Although the 18th Amendment to the U.S. Constitution prohibited the manufacture and sale of alcoholic beverages, demand for these products continued, and their manufacture and marketing remained a lucrative business. Rural distillers produced illegal beverages for bootlegging to urban markets, and in the cities thousands of small stills, breweries, and wineries appeared. Bootleggers also brought in illegal products from foreign suppliers. The law was so widely violated by the general public that officials were unable, and in some cases unwilling, to enforce it. The profits of the traffic attracted criminals, who soon took over much of it. After the repeal of the 18th Amendment by the 21st Amendment in 1933, organized crime turned to other pursuits. For a time, however, they supplied alcohol to customers in states that retained local prohibition laws.

K. Austin Kerr

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Coffey, Thomas M., The Long Thirst: Prohibition in America, 1920-1933 (1976).

Created by: DEBRA DORRANCE -- 5/5/91

GRADE 10

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI10.14

GRADE LEVEL: 10
COMMUNICATION ARTS

CHILDREN'S LITERATURE

OBJECTIVE: Students will explore literature as a means of altering consciousness.

PHYSICAL SETTING: Individual setting.

PREPARATION/MATERIALS/ This lesson
EQUIPMENT: Access to Children's literature.

INSTRUCTIONAL ACTIVITY: Student will evaluate a piece of literature and determine if such a piece could be used to "alter" one's perspectives.

TEACHER INSTRUCTION: Teacher will monitor project progress.

EVALUATIONS: Teacher will evaluate student project.

Created by: DEBRA DORRANCE -- 4/21/91

NAME________________________________

There are healthy ways to alter one's perspective. Often, athletics are noted as having the power to change one's state of mind. Literature can also be a means to broaden our horizons. Let's take a look at how this can happen:

1. READ THE INFORMATION BELOW. As you read, make a running list of titles mentioned in the article.

2. Choose one work and read it.

3. Write a commentary discussing how the work could be used to alter one's perspective.

****

READING:

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children's literature

An imaginative literature specifically designed for children was scarcely known before the 18th century. Books originally intended for the general reader, such as John Bunyan's PILGRIM'S PROGRESS (1678), Daniel Defoe's ROBINSON CRUSOE (1719), and Jonathan Swift's GULLIVER'S TRAVELS (1726), were eventually adopted by young readers for the elements of adventure and exoticism they contained. But because of the pervasive influence of Puritanism (Calvinism on the Continent) and of Jean Jacques Rousseau's pedagogical theories, as expressed in EMILE (1762), most early writers of children's stories looked upon their task as primarily didactic (to teach). Indeed the aim of moral improvement underlay the great bulk of children's literature throughout the 19th century. The success of Thomas Bowdler's expurgated family editions of Shakespeare (1818) and the BIBLE (1882), of the priggish Elsie Dinsmore series (1867-78), and Horatio Alger's propagandistic rags-to-riches romances (from 1867) all testify to the strength and durability of the tradition.

London bookseller John Newbery was the first to perceive the economic possibilities in the juvenile reading market. By combining both an uplifting message and a diverting story line, his LILLIPUTIAN Magazine (1751) and History of LITTLE GOODY TWO-SHOES (1765) successfully exploited it.

The 19th Century Outside England

The most revolutionary influences on children's literature early in the new century came from abroad. Johann Rudolf Wyss in Switzerland picked up on the popularity of the island-bound Robinson Crusoe to produce his own children's classic, The SWISS FAMILY ROBINSON (1813; Eng. trans., 1814). At the same time in Germany, Jacob and Wilhelm Grimm published their famous collection of Fairy Tales (1812; Eng. trans., 1823, 1826); its translation into English a century after the Frenchman Charles Perrault's TALES OF MOTHER GOOSE (1697) first became known in England determined the leading role this genre would play in the development of an authentic and popular literature for young people.

The trend received further impetus from Denmark's Hans Christian Andersen, whose 168 gentle but profound fairy tales enlivened the literary scene from 1835 to 1872, first appearing in English in 1846. From America, too, came signs of the kind of literature that would have a lasting impact on children. In Washington Irving's SKETCH BOOK (1819) appeared The LEGEND OF SLEEPY HOLLOW and the tale of RIP VAN WINKLE, based on folklore native to Dutch-settled New York.

James Fenimore Cooper, in the five Natty Bumppo novels that comprise his LEATHERSTOCKING TALES (1823-41), introduced American and foreign readers alike to the thrills and adventures that punctuated pioneer and Indian life in the New World.

The Golden Age

Victorian England was particularly rich in the production of works that have continued to give pleasure to generations of new readers. Edward Lear stood poetry on its head in ways that could only have delighted children in two books of verse that made abundant use of limericks, fantasy, and humor carried to the point of absurdity: A BOOK OF NONSENSE (1846) and MORE NONSENSE (1872). The same nonsensical elements, combined with profound insight into the imaginations of young people, were drawn on by Lewis Carroll in both the poetry and prose that illuminate his brilliant ALICE'S ADVENTURES IN WONDERLAND (1865) and THROUGH THE LOOKING GLASS (1872). New types of children's books appeared: Thomas Hughes' TOM BROWN'S SCHOOL DAYS (1857) introduced the school-novel genre; Charles Kingsley's THE WATER BABIES (1863) combined fantasy and contemporary social reality; Anna Sewell, with her moving story of the horse BLACK BEAUTY (1877), inaugurated a spate of serious books about animals that have remained popular up through Albert Payson Terhune's LAD: A DOG (1919) and Eric Knight's LASSIE COME HOME (1940).

Two of the greatest writers of children's fiction capitalized on the taste for adventure and travel that young people had always shown: Robert Louis Stevenson, in TREASURE ISLAND (1883), KIDNAPPED (1886), and THE MASTER OF BALLANTRAE (1889), kept his audience spellbound with tales of pirates and of derring-do in the Scottish highlands; Rudyard Kipling, in CAPTAINS COURAGEOUS (1897), the JUNGLE BOOKS (1894-95), KIM (1901), and the JUST SO STORIES (1902), took his readers to sea and introduced them to the exotic world of India. Both also produced memorable poetry for children, Stevenson in A CHILD'S GARDEN OF VERSES (1885) and Kipling in his rousing BARRACK-ROOM BALLADS (1892).

During the same period France's Jules Verne invented the science fiction genre with his fascinating and prophetic TWENTY THOUSAND LEAGUES UNDER THE SEA (1869; Eng. trans., 1876) and exuberant AROUND THE WORLD IN EIGHTY DAYS (1872; Eng. trans., 1874). Of equal charm and durability were Johanna Spyri's HEIDI (1880; Eng. trans., 1884), which offered a glimpse of life in the Swiss Alps, and Carlo Collodi's tale of a puppet come to life, THE ADVENTURES OF PINOCCHIO (1880; Eng. trans., 1891).

Across the Atlantic, New Englander Louisa May Alcott turned the lives of the four spirited March sisters into perennial best-sellers with the publication of LITTLE WOMEN (1868-69) and its sequels LITTLE MEN (1871) and JO'S BOYS (1886). TOM SAWYER (1876) and the Adventures of HUCKLEBERRY FINN (1884), the latter often considered the greatest American novel ever written, showed that the author, Mark Twain, was equally appreciated by young people. Other Americans who contributed to the excellence of children's literature in the Victorian era were Mary Mapes Dodge, author of HANS BRINKER, or THE SILVER SKATES (1865) and editor (1873-1905) of the influential juvenile periodical, ST. NICHOLAS MAGAZINE; Harriet Mulford Lothrop, who wrote, under the pen name Margaret Sidney, the enormously popular FIVE LITTLE PEPPERS (1881); Joel Chandler Harris, whose tales in UNCLE REMUS (1880) and later collections opened up the world of traditional black folk-literature; Howard Pyle, author and illustrator of THE MERRY ADVENTURES OF ROBIN HOOD (1883); and Frances Hodgson Burnett, best known for her popular romances LITTLE LORD FAUNTLEROY (1886) and THE SECRET GARDEN (1911).

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VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI10.11

GRADE LEVEL: 10
MUSIC

ROCK AND ROLL

OBJECTIVE:	Students will explore Rock Music and its influence on society.
PHYSICAL SETTING:	Individual work area.
PREPARATION/MATERIALS/ EQUIPMENT:	Access to music of student's choice
INSTRUCTIONAL ACTIVITY:	Reading for content Report to class
TEACHER INSTRUCTION:	Teacher will provide guidance and monitor project
EVALUATION:	Teacher will evaluate the oral presentations based on organization, interest to audience and information presented.

Created by: DEBRA DORRANCE -- 4/21/91

NAME ______________________________

Project Assignment :

1. Read the information in the article below, noting the roles and influences drugs had on rock music and society.
2. Write a report that will be given orally to the class focusing on the role of drugs in rock music.
3. Gather "evidence" - music that discusses, comments on, or promotes drug use. Include the music as part of your presentation.

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READING:

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rock music

Rock music emerged during the mid-1950s to become the major popular musical form of young audiences in the United States and Western Europe. Its stylistic scope is too broad to be encompassed by any single definition; the only feature common to all rock music is a heavy emphasis on the beat.

ROCK 'N' ROLL, 1950-62

The primary source of rock 'n' roll was RHYTHM AND BLUES, an idiom popular among black audiences that combined elements of urban BLUES (in the structure, vocal style, and use of amplified guitar), GOSPEL MUSIC (in the piano accompaniments and vocal harmonizing), and JAZZ (in the saxophone solos). Rhythm and blues began to gain a wider audience during the late 1940s, and in 1951 the disc jockey Alan Freed, who played an important role in attracting white teenagers to the music, substituted the term "rock 'n' roll," previously used as a sexual reference in lyrics. Major record producers, observing the success of rhythm and blues and rock 'n' roll songs distributed on "race records" (i.e., record labels marketed to black audiences), issued "covers"--competing, "sanitized" versions of the same songs, but recorded by white artists. Covers--whatever their artistic quality--brought new stylistic influences to rock 'n' roll (white COUNTRY AND WESTERN and popular music) and eased the transition for white audiences. This audience, still hesitant at accepting black music, made Bill Haley's "Rock Around the Clock" (1955) the first important breakthrough for white rock 'n' roll. What appealed to this new audience, accustomed to the relatively bland TIN PAN ALLEY brand of popular music, was rock 'n' roll's driving dance rhythms, its direct, adolescent-level message, and its suggestion of youthful rebellion.

Rock 'n' roll's first superstar was Elvis Presley. With his country-and-western background, Presley led the way for other "rockabilly" (rock plus hillbilly) artists;. with his spasmodic hip gyrations, he introduced a sexual suggestiveness that outraged conservative adults; with his legions of teenage fans, he brought to rock 'n' roll the cult of personality and became the archetype of the rock star as cultural hero.

Other popular figures, while commanding a smaller audience, also made significant contributions to the style; among them, Chuck Berry nourished the music's basic roots, Jerry Lee Lewis expanded its country branch, and Little Richard provided frantic showmanship. Despite the dynamism of such figures, by the late 1950s a malaise had set in; the music had become formula ridden, sentimental, and often--as in love-death ballads like "Teen Angel"--distinctly maudlin. Seeking a more honest expression, a significant segment of the adolescent and young adult audiences transferred their allegiance to FOLK MUSIC, as sung by such groups as Peter, Paul, and Mary, a folk trio; to traditional balladeers like the Kingston Trio; and to the prophets of modern folk/social commentary, Joan Baez and Bob Dylan.

ROCK, 1963-69

The renewal of rock 'n' roll came from the unlikely locale of Liverpool, England. Here, The BEATLES made their start in 1960, at first imitating American styles and then weaving from the various strands of American rock 'n' roll an individual style marked--in both music and lyrics--by wit and a sense of fun. Their successes came quickly during 1963 and '64, and their domination of the record market was complete and unprecedented. Then, rather than repeat the formulas of their initial triumphs, they chose the more precarious route of experimentation and growth. From 1965 to 1969 they introduced new sonorities, textures, forms, rhythms, melodic designs, and lyric conceptions, and were at the forefront of a revolutionary epoch in popular music. Rock 'n' roll had evolved into an expression of greater sophistication, complexity, and breadth. It had become a new idiom: rock.

Other English groups also came into prominence around 1964, taking their places as equals with American artists in the development of rock. The ROLLING STONES, the most prominent and durable of these groups, presented yet another image of rock--one of anger, alienation, and sensuality.

Other trends of the 1960s included the merging of rhythm and blues with black gospel styles to create SOUL MUSIC; the beginnings of jazz-rock, as originally synthesized by the band Blood, Sweat and Tears; folk-rock, a blending of folk with rock; and the emergence of the "California sound." The folk-rock style, first suggested by Bob Dylan at the 1965 Newport Folk Festival, brought to folk music a hard beat and amplification, and to rock a new poetic sensibility and social consciousness. A deeper significance of the blending was its demonstration of rock's tendency to absorb all challenging idioms.

The "California sound," despite its name, was not a uniform style, but a term that reflected the rise of California as a major center of rock activity and experimentation. In the early 1960s, California was the scene of "surfing music" (popularized by the BEACH BOYS), but over the course of the decade the music changed to parallel the trends of hippies (the Mamas and the Papas), student protest (Country Joe and the Fish), and a countercultural affair with drugs.

Widespread popularity of hallucinogenic drugs (particularly LSD, or "acid") produced psychedelic Acid Rock, whose apostles included JEFFERSON AIRPLANE and the GRATEFUL DEAD.

Rock's first major effort in musical theater was the hippie revue HAIR (1967), a spectacularly successful pageant celebrating youth, love, and drugs. Closely following were such rock-opera successes as TOMMY and JESUS CHRIST SUPERSTAR.

By the end of the 1960s the distinctions between rock 'n' roll and rock were evident. The earlier instrumentation of saxophone, piano, amplified guitar, and drums had been replaced by several amplified guitars, drums, and an ever-increasing reliance on electronic technology. To the standard patterns of 12-bar blues and 32-bar song form were added extended, unique forms, sometimes encompassing the entire side of a record album; to the lyrics of teenage love and adolescent concerns were added social commentary, glorification of drugs, and free-association poetry. Descriptive group names (Crew Cuts, Everly Brothers, Beach Boys) were replaced by nondescriptive, enigmatic names (The Who, Jefferson Airplane, Big Brother and the Holding Company). Finally, the separation between performer and composer seemed to vanish as the two merged in a single performer-composer. As demonstrated by the WOODSTOCK FESTIVAL in August 1969, rock music was by this time an intrinsic element in the life of American youth and a powerful articulation of their moods, hopes, and fears.

ROCK, 1970-79

This decade saw the fragmentation of rock into subdivisions beyond the general categories of hard rock (extremely loud and electronically amplified) and mellow rock (softer, sometimes with acoustic instruments). The terms identifying these subdivisions are not firm definitions, but merely guides, tenuous and fluid, with much stylistic overlapping.

Some styles are blendings of rock with other established idioms, the rock contribution invariably being a heavy beat and electronic technology. Thus, folk-rock and country-rock each retain the character of folk and country music. REGGAE, which emerged from Jamaica around 1972, is an integration of rock, soul, calypso, and other Latin rhythms. Jazz-rock fusion, or simply fusion, is a meeting between rock instrumentalists, attracted to the broad creative opportunities and demanding musicianship of jazz, and jazz musicians, attracted to rock's electronics and commercial potential.

Other styles are more clearly based on rock principles and precedents and range from the benign bubble-gum rock of the Osmond Brothers, directed toward the youngest popular music fans, and the intentionally vile PUNK ROCK, which punctuates its strident denunciations with vulgarity. Heavy metal rock has continued the hallucinogenic approach of acid rock, but within a narrower musical dimension, relying upon the hypnotic power of repetitiveness, loud volume, and electronic distortion; among its leading exponents have been Iron Butterfly and Led Zeppelin. Glitter rock is more of a theatrical approach than a musical style; it offers glittering costumes as an alternative to the usual blue jeans, and bizarre--sometimes androgynous--exhibitions (Alice Cooper, Dave Bowie, Kiss). New wave rock, which made its debut as the 1970s drew to a close, appeared to be something of an old wave, with its return to a more basic, unadorned metric emphasis and a greater lyricism.

Most rock music of the period was intended almost solely for listening, not for dancing. The inevitable reaction was DISCO, a music first and foremost for dancing. With its thumping regularity of accented beats divided into accented minibeats, disco has been decried by hardline rock fans as mechanical, commercial, and unlyrical. Nevertheless, its following increased and, after the Bee Gees composed and recorded Saturday Night Fever (1977), disco became for a while a major sector of rock music.

THE ECLECTIC 1980s

Rock music, by the mid-1980s, had presented no clear-cut new musical direction. Bands became more production oriented, in part because of the sudden explosion of "videos" on TV screens. Ranging from televised concerts to minutes-long acted-out versions of rock songs, videos have proven to be a powerful tool for introducing new groups (the Australian Men at Work, for example). With their emphasis on the visual, though, they encouraged the use of bizarre, grotesque "stories" and staging, while the music remained secondary. Heavy metal bands received a boost from videos. Although fading musically, punk remained a strong visual style. It was outshone, however, by the glitterry, androgynous look of such immensely popular performers as Michael Jackson, Prince, and Boy George. Bruce Springsteen, whose "populist" explorations of the American experience in the 1970s earned him a wide following, achieved superstar status in the mid-1980s.

The influence of British bands on the U. S. rock scene remained strong. Their music was as eclectic as the work of their predecessors, the Beatles, but it drew from a far narrower range: punk, disco, pop-rock, reggae.

At the same time, there was a nostalgic return to older, simpler rock and prerock idioms. British musician Elvis Costello's songs harked back to rhythm-and-blues and country-western styles, and Los Angeles-based Los Lobos fused rock music with traditional Mexican music.

Increasingly in the mid- to late-1980s, artists such as Paul Simon (formerly of SIMON AND GARFUNKEL) and David Byrne (of the TALKING HEADS), extensively "borrowed" from styles outside rock music, particularly from African music. Concurrently, almost every country in the world has begun to develop and support indigenous forms of rock music. The scope and significance of rock remains without precedent in the history of popular music. Beginning as a minority expression on the fringe of American society, it developed into a distinct counterculture during the 1960s, and a decade later had become a dominant cultural force, affecting and reflecting the mores and moods of American youth and weaving itself into the very fabric of society.

Edward A. Berlin

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VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI10.19

GRADE LEVEL: 10
HEALTH

ULCERS AND STRESS

PURPOSE: Students will explore healthy alternatives to using drugs to promote "wellness".

ACTIVITY: Individual reading session.

MATERIALS: This lesson.

PROCEDURE: Student will generate a list of ways to stay healthy and avoid the use of drugs to maintain wellness.

The following article focuses on ulcers. Many ailments seem to inflict those who do not take care of themselves and live day in and day out in stressful situations. Drugs can be used to overcome a good many of such aliments. But, a healthy lifestyle may be the real answer.

Read the article and make a list of one hundred "healthy" ways to live your life. You do not need to use resources for this task- generate the list using your imagination!

TEACHER INSTRUCTION/
EVALUATION: Teacher will review completed list.

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ULCER

An ulcer is a pitting of a mucous or skin surface, that results from an erosion or disintegration of the tissues. Ulcers of the gastrointestinal tract, called peptic ulcers, are relatively common and are thought to occur in 1 to 20 percent of the population in developed countries.

PEPTIC ULCERS

Peptic ulcers occur most commonly in the duodenum near the junction with the stomach and in the stomach wall. They usually occur singly as round or oval lesions. The erosions are usually shallow but can penetrate the entire wall, leading to hemorrhage and possibly death. Pain, the predominant symptom, occurs one to three hours after a meal and is usually relieved with alkalis. The cause of such ulcers is not established, although Australian researchers in 1984 suggestively linked the presence of a newly observed form of Campylobacter bacteria with their development. At any rate, when gastric juices (consisting of hydrochloric acid, mucus, and a digestive enzyme called pepsin) act upon the walls of the digestive tract, a peptic ulcer results. The fact that ulcers of the duodenum are frequently associated with excess secretion of gastric acid and that ulcers of the stomach are not suggests that the two lesions may be separate disease entities. Entry of acid-peptic contents from the stomach into the lower esophagus can also cause ulcers in this area. Peptic ulcers tend to become chronic; after healing, they may recur.

STRESS ULCERS

Another type of ulcer is the so-called stress ulcer. These differ from peptic ulcers in their cause and characteristics. They usually occur in the stomach and are seen as multiple, shallow, bleeding erosions. Although stress ulcers tend to heal rapidly because of their shallowness, they can perforate and cause severe bleeding. They tend to cause less pain than the peptic ulcer. The term stress has led to misconceptions about the role of psychological factors in the development of ulcers. These stress ulcers occur most often in patients who have been subjected to marked physical injury such as severe trauma, burns (resulting in Curling's ulcer), or major surgery, and are more common in elderly or debilitated patients.

Stress ulcers that occur because of central nervous system disease are called Cushing's ulcers. The "chronic peptic ulcer" seems to be more related to psychological factors than are "stress ulcers," but no identifiable psychological injuries have been reported, and they are more common in "executive types." The chronic peptic ulcer develops when there is imbalance between the normal "aggressive" factors, the acid-peptic secretions, and the normal "resistance" factors such as mucous secretions and rapid cellular replacement. Psychological influences may alter these factors through cerebral reactions altering lower brainstem function, with the resultant vagal nervous stimulation directly affecting the stomach and duodenum.

TREATMENT

Peptic ulcers, whether chronic or stress, can usually be treated by medical therapy alone. The drugs most commonly used are alkaline buffering agents and a special class of antihistimine called cimetidine, which blocks the histamine-2 receptors in the stomach that regulate gastric secretion. Newer drugs and drugs under development include sucrasulfate, prostaglandin compounds, and anticholinergic agents that inhibit acid secretion; such agents include pirenzepine, which exerts antipepsin and antigastrin activity.

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI10.4

GRADE LEVEL: 10
HEALTH

EMPHYSEMA

OBJECTIVE(S): Students will explore the drug focused on in this lesson, and be able to answer comprehensive questions based on the information provided.

PHYSICAL SETTING: Individualized reading.

PREPARATION/MATERIALS/ EQUIPMENT: This lesson.

INSTRUCTIONAL ACTIVITY: Reading for content/information.

EVALUATIONS: Student shall check answers using the information in this file.

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emphysema

{em-phuh-zee'-muh}

Emphysema is a disease of the lungs characterized by structural changes in the small air sacs (alveoli) where exchange of oxygen and carbon dioxide takes place with the blood. The alveoli become dilated, and the alveolar walls undergo dissolution, causing the formation of larger and larger air spaces within the lungs. As alveolar walls are destroyed, they no longer act to hold the small airways, or bronchial tubes, open. These changes result in a reduction of the total functioning surface for gas (oxygen and carbon dioxide) exchange. There is also obstruction to the flow of air out of the lungs, as the bronchioles tend to collapse during the act of expiration.

Because bronchitis often coexists with emphysema, obstruction to airflow may be further compounded by a swelling of the membrane lining the airways, which causes a further narrowing of the bronchial lumen. In addition, the process results in the unequal involvement of tissue, and hence maldistribution of air within the lungs. Generally, there is diminished oxygen supply to vital organs and the retention of excessive carbon dioxide in the blood.

Airway obstruction, the predominant feature of emphysema, results in the trapping of too much air within the enlarged air spaces, and overinflation of the lungs occurs until the patient's chest takes on a barrel-shaped appearance. Shortness of breath is the outstanding symptom, and the disease often progresses until the patient is incapable of performing the slightest exertion. Intercurrent infections aggravate the situation. Death may result from infection, respiratory failure, or cardiac complications.

The exact cause of pulmonary emphysema is unknown, but cigarette smoking is closely associated with this disease, and even smoke in the environment has been implicated; industrial pollution may also play a role. Certain types of emphysema are hereditary, and in 1988 a drug called alpha 1-P1 was approved for use against a rare inherited protein deficiency that can lead to emphysema. In all cases, progression of the disease can be retarded by abstinence from smoking. Symptomatic relief can be provided in some cases by the use of drugs that dilate the bronchi. Prompt treatment of infections is vital. Certain types of emphysema may be localized to only a portion of one or both lungs and can be treated by surgical removal.

HOWARD BUECHNER, M.D.

Bibliography:

Berland, Theodore, and Snider, Gordon, Living with Your Bronchitis and Emphysema (1972); Fletcher, C., et al., The Natural History of Chronic Bronchitis and Emphysema (1976); Petty, T. L., and Nett, L. M., Enjoying Life with Emphysema, 2d ed. (1987).

See also: ENVIRONMENTAL HEALTH; RESPIRATORY SYSTEM DISORDERS.

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NAME ______________________________________

READ THE ARTICLE. ANSWER THE QUESTIONS THAT FOLLOW (Use back if necessary)

QUESTIONS:

1. Define this disease in your own words.

2. Name a number of factors that influence this disease.

3. How is a patient afflicted with this disease affected by the use of drugs or alcohol ?

4. Name the direct effects that drugs, including alcohol and smoking, have on a person's recovery.

5. How can this disease be prevented?

6. Is this a curable disease ?

7. Can you make a list of statistics that you think are important for everyone to know in relation to this disease?

8. List one source from the bibliography that one could consult for more information.

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI10.5

GRADE LEVEL: 10
HEALTH

ARTERIOSCLEROSIS

OBJECTIVE(S): Students will explore the drug focused on in this lesson, and be able to answer comprehensive questions based on the information provided.

PHYSICAL SETTING: Individualized reading.

PREPARATION/MATERIALS/
EQUIPMENT: This lesson.

INSTRUCTIONAL ACTIVITY: Reading for content/information.

EVALUATION: Student shall check answers using the information in this lesson.

****

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arteriosclerosis

{ahr-tir-ee-oh-skluh-roh'-sis}

The term arteriosclerosis refers to several diseases that involve both arteries of different sizes and different layers of the walls of the arteries. From Greek words that mean "hardening of the arteries," the term originally signified the tendency of arteries to become hard and brittle through the depositing of calcium in their walls. This is not, however, an important characteristic of the most familiar form of arteriosclerosis,ATHEROSCLEROSIS, which involves the buildup of fatty deposits in the innermost lining of large and medium-sized arteries. Atherosclerosis can lead to coronary HEART DISEASE, STROKES, and other disorders brought about by the tendency of blood clots to form in the narrowed arteries; hardening of the arteries occurs only in advanced stages. A second form of the disease is medial, or Monckeberg's, sclerosis, which involves calcium buildup in the medial layer of arteries in the extremities, leading to higher blood pressure. A third form of the disease is arteriolar sclerosis, involving the inner and medial layers of small arteries, which can decrease the blood flow to the limbs, eyes, and internal organs.

A sign of possible arteriosclerosis is high blood pressure, or hypertension; conversely, hypertension can aggravate arteriosclerosis. Although arteriosclerotic drugs are on the market, physicians most often aim at preventing the disease by treating the causative factors, which include not only hypertension but also diabetes mellitus, smoking, and obesity.

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Berne, Robert M., and Levy, Matthew N., Cardiovascular Physiology, 3d ed.(1977); Nash, David T., Coronary (1979); National Heart and Lung Institute, Arteriosclerosis (1972).

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NAME ________________________________

READ THE ARTICLE. ANSWER THE QUESTIONS THAT FOLLOW (Use back if necessary)

QUESTIONS:

1. Define this disease in your own words.

2. Name a number of factors that influence this disease.

3. How is a patient afflicted with this disease affected by the use of drugs or alcohol ?

4. Name the direct effects that drugs, including alcohol and smoking, have on a person's recovery.

5. How can this disease be prevented?

6. Is this a curable disease ?

7. Can you make a list of statistics that you think are important for everyone to know in relation to this disease?

8. List one source from the bibliography that one could consult for more information.

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI10.3

GRADE LEVEL: 10
HEALTH

ATHEROSCLEROSIS

OBJECTIVE(S): Student will gain an understanding of the disease and how smoking affects its occurrence.

PHYSICAL SETTING: Oral report presented to classmates

PREPARATION/MATERIALS/ EQUIPMENT: Information provided in this lesson and supplemental information from the library.

INSTRUCTIONAL ACTIVITY: Student will read information provided in this lesson and research two (2) other sources from the library and present a report a 3-7 minute report to the class focusing on the effect smoking has on the occurrence of atherosclerosis.

TEACHER INSTRUCTION: Teacher will act as guide, giving guidance and suggestions as necessary.

EVALUATION: Teacher evaluate the student oral report,and take into consideration the preparation work involved.

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atherosclerosis

{ath-uh-roh-skluh-roh'-sis}

Atherosclerosis is a disorder of large and medium-sized arteries, most commonly the large CORONARY ARTERIES that supply the heart muscle with oxygen-rich blood. It is considered the most familiar form of ARTERIOSCLEROSIS.

The disorder is characterized by a buildup of fatty deposits, called plaques, on the inner walls of the affected arteries. These yellowish plaques consist of materials such as CHOLESTEROL, LIPIDS, and cellular debris. They lead to a loss of elasticity in the artery and to ischemia, or a narrowing of the blood's passageway. The resulting decrease in smooth blood flow may ultimately deprive a vital organ, such as the heart or brain, or its blood supply. Loss of circulation to a limb may also occur.

Atherosclerosis is the most common cause of coronary HEART DISEASE, including HEART ATTACKS, and a number of other cardiac disorders. It is also a major cause of STROKE. Half the mortality in Western society results from heart and blood-vessel diseases, of which atherosclerosis, the most common lethal disease, is the chief cause.

The incidence of atherosclerosis increases with age. Men show clinical manifestations an average of 10 years earlier than women, and overt manifestations before the age of 40 occur almost entirely in men. Overt manifestations take time to occur because more than a 75 percent narrowing of arteries is required to impede blood flow seriously.

The causes of the disorder are not yet fully understood, but certain characteristics called risk factors tend to be observed in persons prone to atherosclerosis. These include high blood pressure, or HYPERTENSION, and high blood-cholesterol levels. Resistance to these factors appears to diminish with age, especially when accompanied by OBESITY and cigarette smoking. Atherosclerosis may also be manifested fairly rapidly in diseases such as diabetes, in which the concentration of blood lipids is raised.

Diets rich in saturated fats and cholesterol are believed to promote atherosclerosis (see NUTRITION, HUMAN). Lipoproteins transport cholesterol in the blood, and low-density lipoproteins (LDL) in particular seem to increase the accumulation of cholesterol in body tissues. A genetic factor also seems to play a role here, because persons with a low percentage of LDL receptors in their body tend to develop atherosclerosis more frequently than do persons with a high percentage of the receptors, regardless of other life-styles. A deficiency in LDL receptors can also be acquired, however, from a high-cholesterol diet. Factors causing hign blood pressure are also important, since the atherosclerotic process is critically linked with high blood pressure and does not normally occur in low-pressure pulmonary arteries and veins. For this reason the excessive use of salt in the diet has also been discouraged by many physicians.

Evidence suggests that a controlled diet, avoidance of smoking, more exercise, and hypertension control can, if implemented early enough, delay atherosclerosis in persons prone to the disease. Anticholesterol drugs have also been developed (see LOVASTATIN). When arteries are clogged by plaques, physicians must resort to such techniques as coronary bypass surgery or ANGIOPLASTY in an effort to check the course of atherosclerosis.

William B. Kannel

Bibliography:
Descovisch, G., and Lenzi, S., eds., Atherosclerosis (1982); Miller, N. E., Atherosclerosis (1984); Smith, Wynn, Cardiovascular Disease (1987); Vikhert, A. M., and Zhdanov, V. S., The Effects of Various Diseases on the Development of Atherosclerosis (1981).

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VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI10.7

GRADE LEVEL: 10
HEALTH

ATTITUDE CHANGE

OBJECTIVE: To introduce the concept of attitudes and attitude change.

PHYSICAL SETTING: Class discussion / individual work session

INSTRUCTIONAL ACTIVITY: Students will read the attached information concerning attitudes, and relate this information to peer pressure and the use of drugs.

TEACHER INSTRUCTION: Teacher will guide discussion

EVALUATION: No direct evaluations will be done.
Answers to questions could be collected for credit.

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attitude and attitude change

An attitude is a relatively enduring system of beliefs about an object or situation that predisposes one to respond in some evaluative manner. It may be distinguished from an opinion, which is usually thought of as topical and short-lived, and from a belief, which is a basic value, sometimes unstated. Attitudes vary substantially between people and cultures, which distinguishes attitudes from instincts and habits. Like opinions and beliefs, attitudes are more differentiated in complex societies because such cultures offer more alternatives to what in simpler or ecclesiastical societies would be unquestioned custom or dogma.

In psychology, the attitude concept is a hypothetical construct; since attitudes cannot be observed directly, they must be inferred from statements of opinion, from projective tests, or in terms of their measured effects upon memory or other perceptual processes. Not all psychologists agree that the construct is a useful or valid one.

One of the tasks of psychologists has been to explain why attitudes exist. David Katz, in a now classic work, outlined four functions: (1) Utilitarian--attitudes dispose people toward useful objectives and paths, an explanation favored by behavioralists. (2) Economy--stereotypes and other attitudes, whether correct or not, help to simplify and structure the world; cognitive and gestalt psychologists are largely concerned with this function. (3) Expressive--attitudes have a self-realizing function and may serve as a cathartic; the theory of COGNITIVE DISSONANCE helps to explain this function, also favored by some humanistic psychologists. (4) Ego-defense--attitudes can help to resolve inner conflicts, an explanation elaborated by Freudian psychologists.

Attitudes, like beliefs, arise early in life and tend to persist or be influential throughout life and perhaps over generations, although this is less likely to be true in technologically advanced societies today than a generation ago. That political and social attitudes are formed in rebellion against parents is true for only a small proportion of the population; basically, attitudes and beliefs are learned from one's family, and the learning tends to persist into adulthood.

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NAME______________________________

1. What is an "attitude"?

2. How is an opinion different from an attitude?

3. What influences our attitudes?

4. Attitudes cannot be observed directly. How then do we determine someone's attitude?

5. What is one task of the psychologist?

6. When do attitudes arise?

7. Can you define your attitude toward life?

8. Is your attitude similar to anyone you know? In what ways?

9. How would you change your attitude if you took the time to do so?

10. Can you name someone whose attitude you admire?

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI10.2

GRADE LEVEL: 10
HEALTH

THE BREATH ANALYZER

OBJECTIVE(S): This lesson will introduce the student to the breath analyzer.

PHYSICAL SETTING: A presentation setting, class as audience

MATERIALS:

- This lesson
- A breath analyzer, if possible
- Picture of film on subject from local health organization
- A guest speaker to follow up, if available, possibly from law enforcement

INSTRUCTIONAL ACTIVITY: Students are to use the material in this lesson as the first step in preparing a presentation for peers or a group of their choice.

Further research could supplement the information provided in this file.

Primary task:

To put together a 5 minute presentation explaining how the breath analyzer functions, and under what circumstances law enforcement officers would use it.

TEACHER INSTRUCTION: Teacher will act as a resource and guide, providing suggestions and guidance with project.

EVALUATION: If the environment permits, students may want to present their speech to other classes and administer a quiz following the presentation.

Students' evaluation will be based on organization of the project, and the oral presentation itself.

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Breath analyzer

The breath analyzer is an instrument that detects alcoholic impairment by measuring the concentration of alcohol in the breath; there is a definite relationship between the concentration of alcohol in breath and blood. The breath analyzer collects specimens of breath and, using any of a number of available chemical laboratory techniques, quickly determines the percentage of blood alcohol concentration (BAC). Under U.S. government standards, a BAC of 0.10 percent or more is evidence of alcoholic impairment. Breath analyzer results are accepted as evidence in all 50 states. In Great Britain and Europe, they must be corroborated by the results of blood analyses.

Robert F. Borkenstein

Bibliography: Emerson, Vivian S., The Measurement of Breath Alcohol (1981); Stearn, Marshall B., Drinking and Driving, 2d ed. (1987).

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LESSON: HDI10.17

GRADE LEVEL: 10
HEALTH

FERTILITY AND DRUGS

OBJECTIVE:	Student will research an illness in which the use of drugs is an issue.
PHYSICAL SETTING:	Individual project.
PREPARATION/MATERIALS/ EQUIPMENT:	Library or resource access.
INSTRUCTIONAL ACTIVITY:	Research project.
TEACHER INSTRUCTION:	Guidance and evaluation.

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In some situations, drug may be used to an individual's advantage.

Read the article below. Using the resources available to you, research the medical use of drugs associated with helping a couple overcome infertility. Make a list of the drugs, and the advantages and disadvantages of each drug and its use.

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fertility, human

In humans, fertility is a medical term used to indicate a woman's capacity to conceive or a man's capacity to induce conception. When used in DEMOGRAPHY, the term refers to the frequency of births, whereas fecundity means the capacity for REPRODUCTION.

Medically speaking, primary infertility, or sterility, is the failure of a woman to conceive after 1 or more years of sufficiently frequent, normal sexual intercourse. Secondary infertility is the inability to conceive during the year following a pregnancy or pregnancies. In trying to prevent conception, many couples use voluntary infertility, or contraception. To learn why sterility occurs in a couple, they are given a medical examination in which special tests, including a SEMEN sample, are used to detect the presence of an illness or an abnormality that may be preventing pregnancy.

Fertility is sometimes improved by the application of various types of treatment, although a total lack of SPERM is considered untreatable. Tests are given a woman to establish whether ovulation occurs at regular intervals and whether her Fallopian tubes are open. Closed, or blocked, tubes may be treated surgically. Failure to ovulate may be the result of glandular or psychological disturbances that are correctable.

Human PITUITARY GLAND extract, rich in follicle-stimulating hormone (FSH), can sometimes stimulate ovulation. At the present time, however, this extract is available only in limited amounts for research.

Bibliography:
Behrmans, S. J., et al., eds., Fertility and Family Planning: A World View (1970); Leridon, Henri, Human Fertility: The Basic Components, trans. by Judith Helzner (1977); Moghissi, Kamran S., and Evans, Tommy N., eds., Regulation of Human Fertility (1976); Tilly, Charles, ed., Historical Studies of Changing Fertility (1978).

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LESSON: HDI10.6

GRADE LEVEL 10
HEALTH

HYPNOTIC DRUGS

OBJECTIVE: Students will explore the information provided about HYPNOTIC DRUGS in this lesson, and be able to answer comprehensive questions

PHYSICAL SETTING: Individualized reading.

MATERIALS: This lesson

INSTRUCTIONAL ACTIVITY: Reading for content/information.

EVALUATION: Student shall check answers using the information in this file.

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NAME ______________________________

READ THE ARTICLE BELOW. ANSWER THE QUESTIONS ON A SEPARATE PAPER

QUESTIONS:

1. Define "hypnotic drugs".
2. Name a number of factors that influence this disease.
3. How is a person who uses hypnotic drugs affected?
4. Name the direct effects that hypnotic drugs have on an individual who uses them.
5. Can hypnotic drugs be used safely?
6. Are hypnotic drugs addicting?
7. Can you make a list of statistics that you think are important for everyone to know in relation to hypnotic drugs?
8. List one source from the bibliography that one could consult for more information.

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hypnotic drugs

{hip-naht'-ik}

Hypnotic drugs are used to induce sleep, especially in persons with insomnia. The use of hypnotics has occurred throughout history, though some traditional preparations must have been effective because of the power of suggestion rather than because of demonstrable pharmacological effect. One of the earliest hypnotics was laudanum, a solution, usually alcoholic, containing opium. Alcohol itself has regularly been used as a hypnotic. Before the growth of synthetic chemistry in the 19th century, hypnotics were natural products; today hypnotics are usually totally synthetic. These drugs, also called sedatives or soporifics, are depressants of the entire central nervous system, most noticeably of the cerebral cortex, the organ of consciousness. Ideally, a hypnotic should induce or improve sleep without profound depression, and the effects should disappear upon awakening.

Large doses may lead to coma, as well as to decreased respiration and blood pressure, loss of reflex activity, and a decrease in body temperature--all signs of generalized depression. In addition to these side effects, there is some risk of habituation, tolerance, and addiction, as well as withdrawal symptoms. Therefore misuse of hypnotics is potentially dangerous, and they have often been implicated in suicides (see DRUG ABUSE). Besides the simple chemicals such as CHLORAL HYDRATE and bromide salts, members of complex chemical categories have also been used as hypnotics: BARBITURATES, (SECONAL), benzodiazepines (VALIUM), piperidines, quinazolines, and carbamates.

Richard H. Runser

Bibliography: Clift, A. D., Sleep Disturbance and Hypnotic Drug Dependence (1976).

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LESSON: HDI10.18

GRADE LEVEL: 10
HEALTH

PLANNED PARENTHOOD

OBJECTIVE:	To introduce students to Planned Parenthood
PHYSICAL SETTING:	Individual reading area.
PREPARATION/MATERIALS/ EQUIPMENT:	Planned Parenthood pamphlets
INSTRUCTIONAL ACTIVITY:	Students will become familiar with the services of Planned Parenthood
TEACHER INSTRUCTION:	Teacher will monitor student interaction
EVALUATION:	Not appropriate

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For your information .....

1. Find out if there is a Planned Parenthood in your area.

2. What services do they provide ?

3. How does the cost compare to other facilities providing the same services ?

4. Do they provide any services other area clinics do not ?

5. Would you consider using the Planned Parenthood in your area ?

6. Do you think the Planned Parenthood Organization is your area is worthy of support ?

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Planned Parenthood Federation of America

> The Planned Parenthood Federation of America was organized by Margaret SANGER in 1921 to provide the general public with information on family planning. Its headquarters is in New York City, and approximately 750 centers in communities throughout the United States conduct research and offer medical services, including contraception information and devices, abortion, and sterilization.

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LESSON: HDI10.8

GRADE LEVEL: 10
HEALTH

TABLOIDS: DRUGS OR NEWS

OBJECTIVE(S):	Students will explore the origin of the word tabloid.
PHYSICAL SETTING:	Individual work station
MATERIALS:	This lesson
INSTRUCTIONAL ACTIVITY:	Student will complete the writing assignment as indicated below.
TEACHER INSTRUCTION:	Teacher will review the students' answers and provide comments and critique.
EVALUATION:	Teacher will provide evaluation based on the quality of the students answers to the assigned questions.

****

STUDENT ACTIVITY : Read the information below. Answer the questions posed. Be sure to write using full sentences and complete thoughts.

1. When was the word "tabloid" first used ?

2. What did the word "tabloid" originally mean?

3. List some of the characteristics of the "tabloid".

4. In what ways are the tabloid of 1884 and the tabloid of 1901 similar ?

5. Is it advantageous for the news industry to support the tabloid ? Why ? In what way is it like supporting a drug habit for the public?

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READING :

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tabloids

Registered in 1884 as a trademark name for compressed drugs, the word tabloid began to be used in 1901 to identify a special type of newspaper. The tabloid was about 11 X 15 in. (28 X 63 cm) in page size (approximately half that of the standard newspaper), used a large number of pictures, presented brief news items in a sprightly style, ran features and some fiction, and blatantly appealed to the human interest in crime, sex, and disaster. Individually, each of these characteristics had been present much earlier. THE NEW YORK EVENING POST began in 1801 with a five-column, reduced-size format. THE NEW YORK SUN, founded in 1833, combined a one cent cost and criminal court coverage to attract mass circulation. THE POLICE GAZETTE, particularly after it was taken over by Richard Fox in 1876, relied on illustrations and feature material. THE NEW YORK DAILY GRAPHIC (1873-89), in fact, combined all these characteristics in a single publication, but came into existence before the term tabloid became current.

Credit for establishing the genre is usually given to Alfred Harmsworth (later Lord Northcliffe). In 1903 he founded the London Daily Mirror, which by 1914 had reached a circulation of 1 million and inspired several British imitators. In the United States the most successful and oldest surviving tabloid is the NEW YORK DAILY NEWS, started by Joseph Patterson in 1919. Its dramatic pictures and small size made it particularly popular among subway riders and helped boost its circulation to a 1947 peak of 2.4 million daily and 4.5 million on Sundays. Some New York imitators of the DAILY NEWS, especially the EVENING GRAPHIC (1924-32) and the DAILY MIRROR (1924-63),placed such stress on the unusual and shocking that tabloid was often a synonym for sensational; however, most of the 27 dailies using the compact format today differ from larger papers only in page size. Thus tabloid now refers more to format than to content; the format is used not only by dailies but also by many high school and college publications, religious and ethnic papers, and such specialized weeklies as VARIETY and the CHRONICLE OF HIGHER EDUCATION.

Warren G. Bovee

Bibliography:
Bessie, Simon, Jazz Journalism (1938); Emery, Edwin, The Press and America, 3d ed. (1972).

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LESSON: HDF10.3

GRADE LEVEL: 10
HEALTH

CONTRACEPTION

OBJECTIVE(S): Students will be introduced to the methods of birth control currently available.

PHYSICAL SETTING: Individual work setting.

PREPARATION/MATERIALS/ EQUIPMENT: This lesson

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READING ---

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birth control

The practice of birth control prevents conception, thus limiting reproduction. The term birth control, coined by Margaret Sanger in 1914, usually refers specifically to methods of contraception, including sterilization. The terms family planning and planned parenthood have a broader application.

METHODS OF BIRTH CONTROL

Attempts to control fertility have been going on for thousands of years. References to preventing conception are found in the writings of priests, philosophers, and physicians of ancient Egypt and Greece. Some methods, though crude, were based on sound ideas. For example, women were advised to put honey, olive oil, or oil of cedar in their vaginas to act as barriers. The stickiness of these substances was thought to slow the movement of sperm into the uterus. Wads of soft wool soaked in lemon juice or vinegar were used as tampons, in the belief that they would make the vagina sufficiently acidic to kill the sperm. The Talmud mentions using a piece of sponge to block the cervix, the entrance to the uterus.

Sperm Blockage

Several modern methods of birth control are practiced by creating a barrier between the sperm and the egg cell. This consists of the use of a chemical foam, a cream, or a suppository. Each contains a chemical, or spermicide that stops sperm. They are not harmful to vaginal tissue. Each must be inserted shortly before coitus. Foams are squirted from aerosol containers with nozzles or from applicators that dispense the correct amount of foam and spread it over the cervix; creams and jellies are squeezed from tubes and held in place by a diaphragm or other device; and suppositories--small waxy pellets melted by body heat--are inserted by hand.

More effective at keeping sperm and egg apart are mechanical barriers such as the diaphragm and cervical cap (both used with a spermicide), the sponge, and the condom. A diaphragm is a shallow rubber cup that is coated with a spermicide and positioned over the cervix before intercourse. Size is important; women need to have a pelvic examination and get a prescription for the proper diaphragm. The cervical cap, less than half the size but used in the same way, has been available worldwide for decades. It was not popular in the United States, however, and in 1977 it failed to gain approval by the Food and Drug Administration (FDA); in 1988, the FDA again permitted its sale. The contraceptive sponge, which keeps its spermidical potency for 48 hours after being inserted in the vagina, was approved in 1983. Like the diaphragm and cervical cap, the sponge has an estimated effectiveness rate of about 85%. The devices only rarely produce side effects such as irritation and allergic reactions and, very rarely, infections.

The condom, a rubber sheath, is rolled onto the erect penis so that sperm, when ejaculated, is trapped but care must be taken so that the condom does not break or slip off. A fresh condom should be used for each sexual act. Condoms also help protect against the spread of VENEREAL DISEASES, and, unlike other barrier devices, they do provide some protection--but not foolproof--protection against AIDS.

Another method of preventing the sperm from reaching the egg is withdrawal by the man before ejaculation. This is the oldest technique of contraception and, because of the uncertainty of controlling the ejaculation, is considered one of the least effective.

Altering Body Functions

Even in ancient times, attempts were made to find a medicine that would prevent a woman's body from producing a baby. Only within the last century, however, have methods been developed that successfully interrupt the complex reproductive system of a woman's body.

The first attempt, made in the 19th century, was based on a legend that camel drivers about to go on long journeys in the desert put pebbles in the wombs of female camels to keep them from becoming pregnant. Researchers tried to find something that would work similarly in a woman's cervix. The earliest such objects were made of metal and were held in by prongs. Later, wire rings were placed beyond the cervix, in the uterus itself, thus giving rise to the term intrauterine device, or IUD. IUDs appear to work by altering the necessary environment in the uterus for sperm and egg union. It was only with the introduction of modern plastics such as polyethylene, however, that IUDs were widely accepted. Their pliability led to simpler insertion techniques, and they could be left in place until pregnancy was desired unless a problem arose with their use. Copper-containing IUDs, and those which slowly released the hormone progesterone, had to be replaced periodically.

Users of IUDs, however, complained increasingly of the side effects of the devices. The most common problem was bleeding, and the devices could also cause uterine infections. More dangerous was the possible inducement of pelvic inflammatory disease, an infection that may lead to blockage of the Fallopian tubes and eventual sterility or an ectopic pregnancy. Studies in the 1980s confirmed this link with the increased risk of infertility even in the absence of apparent infections, especially with plastic IUDs. The A. H. Robins Company, in particular, was ordered in 1987 to set aside nearly $2.5 billion to pay the many thousands of claims filed against it by women injured through use of its Dalkon Shield. By that time only a single, progesterone-releasing IUD remained on the U. S. market, but a copper IUD later became available and other, steroid-releasing devices were being planned for issue.

The greatest innovation in contraception was probably the development of the birth control pill. Its simplicity of use (one pill is taken daily) has, for some time, made the pill the most popular birth control method among American women. Oral contraceptives are similar in composition to the hormones produced naturally in a woman's body. Most pills prevent ovaries from producing eggs. Use of the pill, however, does not prevent menstruation; usage may even cause periods to be more regular, with less cramps and blood loss. Recent studies seem to indicate that the pill may also protect its users against several relatively common ailments, including iron deficiency anemia (the result of heavy menstrual bleeding), pelvic inflammatory disease, and some benign breast disorders. In addition (and contrary to fears that were expressed when the pills were first marketed and contained much higher levels of hormones), long-term statistical studies point to a lower incidence of ovarian and uterine cancer among women who use contraceptive pills.

Although the pill is safe for most users, it may have undesirable side effects, such as weight gain, headache, nausea, or the formation of blood clots. In some cases these may be serious. The risk of adverse side effects increases above the age of 35, especially among women who smoke, because they also run an increased risk of heart attack or stroke. Pills can be obtained only by prescription and only after a woman's medical history has been reviewed, her physical condition checked, and laboratory tests performed. Male and unisex oral contraceptives are currently in research.

Avoiding Intercourse

The time to avoid sex, when conception is not desired, is about midway in a woman's menstrual cycle; this was not discovered until the 1930s, when studies established that an egg is released (ovulation) from an ovary about once a month, usually about 14 days before the next menstrual flow. Conception may occur if the egg is fertilized during the next 24 hours or so or if intercourse happens a day or two before or after the egg is released, because live sperm can still be present. Therefore, the days just before, during, and immediately following the ovulation are considered unsafe for unprotected intercourse; other days in the cycle are considered safe. The avoidance of intercourse around ovulation, the rhythm method, is the only birth control method approved by the Roman Catholic church.

Maintenance of calendar records of menstrual cycles proved unreliable, because cycles may vary due to fatigue, colds, or physical or emotional stress. A woman's body temperature, however, rises slightly during ovulation and remains high until just before the next flow begins. Immediately preceding the release of the egg, the mucus in the vagina becomes clear and the flow is heavier. As the quantity of mucus is reduced, it becomes cloudy and viscous and may disappear. By checking these signals and learning to interpret them, a woman can determine the days of the month when she must avoid intercourse to prevent pregnancy.

Permanent Contraception

Couples who wish to have no more children or none at all may choose sterilization of the man or of the woman instead of prolonged use of temporary methods. To be considered irreversible, sterilization blocks or separates the tubes that carry the sperm or the eggs to the reproductive system. The man is still capable of ejaculating, but his semen no longer contains sperm. The woman continues to menstruate and an egg is released each month, but it does not reach her uterus. Neither operation affects hormone production, male or female characteristics, sex drive, or orgasm. Tubes may be separated by surgically cutting them, they may be blocked with clips or bands, or they may be sealed using an electric current. The man's operation, or vasectomy, is simpler and is usually performed in a doctor's office or a clinic. The operation for women is usually performed in a hospital or an out-patient surgical center. Some of the most recent techniques require a stay of only a few hours. Some soreness and discomfort may be expected after surgery, occasionally with swelling, bleeding, or infection; the risk of serious complication is slight. In the 1980s sterilization became the preferred method among U. S. couples desiring no further children.

The most optimistic prospects for reversing sterilization for women and men exists when there is the least damage to their tubes at the time of sterilization. It is estimated that as many as 60 percent of reversals are successful (success is measured by a pregnancy). Many individuals, however, may not even be candidates for an attempt at reversal, especially women who have undergone electrocauterization or surgical cutting of their tubes.

New or Experimental Contraceptives

Several new drugs and contraceptive devices are at present undergoing examination in the United States, although none has yet been approved by the FDA. Thus an injection of the synthetic progesterone Depo-Provera (currently used in more than 80 countries) prevents ovulation for three months. Animal tests, however, suggest that the drug may induce some cancers, and have other undesirable side-effects, such as a slow return to fertility when its use is discontinued. Also in use in several countries is a capsule, implanted beneath the skin of the upper arm, that slowly releases the synthetic hormone levonorgestrel over a period of five years. The capsule, which was approved by the World Health Organization in 1985 for distribution by United Nations agencies, has minimal known side effects but should not be used by women who have liver disease or breast cancer.

Another contraceptive approach, successful in baboons and currently undergoing human trials, is vaccination. The vaccine delivers antibodies against a hormone that plays a crucial role in pregnancy. The effects last for about one year before another vaccination would be required.

Birth control, or limiting reproduction, has become an issue of major importance in the contemporary world because of the problems posed by population growth. Until relatively recently, however, most cultures have stressed increasing, rather than reducing, procreation. The English economist Thomas Malthus (1766-1834) was the first to warn that the population of the world was increasing at a faster rate than its means of support. However, 19th-century reformers who advocated birth control as a means of controlling population growth met bitter opposition both from the churches and from physicians. The American Charles Knowlton, author of an explicit treatise on contraception entitled The Fruits of Philosophy (1832), was prosecuted for obscenity, and similar charges were brought against the free-thinkers Annie Besant and Charles Bradlaugh, who distributed the book in Britain.

Nonetheless, the movement persisted, gathering strength at the end of the century from the women's rights movement. In Britain and continental Europe, Malthusian leagues were formed, and the Dutch league opened the first birth control clinic in 1881. An English clinic was started by Dr. Marie Stopes (1882-1958) in 1921. In the United States, Margaret Sanger's first clinic (1916) was closed by the police, but Sanger opened another in 1923. Her National Birth Control League, founded in 1915, became the Planned Parenthood Federation of America in 1942 and then, in 1963, the Planned Parenthood-World Population organization.

In GRISWOLD V. CONNECTICUT (1965) the U. S. Supreme Court struck down the last state statute banning contraceptive use for married couples, and in 1972 the Court struck down remaining legal restrictions on birth control for single people. The federal government began systematically to fund family planning programs in 1965. Contraceptive assistance was provided to minors without parental consent until Congress ruled in 1981 that public health-service clinics receiving federal funds must notify parents of minors for whom contraceptives had been prescribed. Suits challenging the regulation have been upheld; the government has announced plans to appeal.

Despite the wide availability of contraceptives and birth control information, the rate of childbirth among unmarried teenage girls rose throughout the 1970s and 1980s. A major focus of current concern, therefore, is the improvement of sex education for adolescents.

Other countries where the birth control movement has been notably successful include Sweden, the Netherlands, and Britain, where family planning associations early received government support; Japan, which has markedly reduced its birthrate since enacting facilitating legislation in 1952; and the Communist countries, which after some fluctuations in policy, now provide extensive contraceptive and abortion services to their inhabitants. Many of the less developed countries are now promoting birth control programs, supported by technical, educational, and financial assistance from various United Nations agencies and the International Planned Parenthood Federation. A series of World Population Conferences, the most recent in 1984, has sought to strengthen the focus on population control as a major international issue.

At present the strongest opposition to birth control in the Western world comes from the Roman Catholic church, which continues to ban the use of all methods except periodic abstinence. In Third World countries resistance to birth control programs has arisen from both religious and political motives. In India, for example, a country whose population is increasing at a net rate of 10-13 million a year, the traditional Hindu emphasis on fertility has impeded the success of the birth control movement. Some Third World countries continue to encourage population growth for internal economic reasons, and a few radical spokespersons have alleged that the international birth control movement is attempting to curtail the population growth of Third World countries for racist reasons. A similar argument has been heard within the United States with regard to ethnic minorities; the latter, however, voluntarily seek family planning in an equal proportion to nonminorities. Despite such arguments, most educated individuals and governments acknowledge that the health benefits of regulating fertility and slowing the natural expansion of the world's population are matters of critical importance.

Louise B. Tyrer

Bibliography:
Barcelona, Delia, and Bautista, Paulina, Contraception (1982); Belcastro, P. A., The Birth Control Book (1986); Cowper, Ann, and Young, Cyril, Family Planning (1981); Derrick, F. C., Birth Control for Men (1973); Djerassi, Carl, The Politics of Contraception (1981); Gordon, Linda, Woman's Body, Woman's Right: A Social History of Birth Control in America (1976); Harper, Michael J. K., Birth Control Technologies: Prospects by the Year 2000 (1983); Kennedy, David M., Birth Control in America: The Career of Margaret Sanger (1970); Leathard, Audrey, The Fight for Family Planning (1980); Lieberman, E. J., and Peck, Ellen, Sex and Birth Control: A Guide for the Young, rev. ed. (1981); Loudon, Nancy, and Newton, John, eds., Handbook of Family Planning (1985); Sutton, Graham, ed., Birth Control Handbook (1980); Zatuchni, G. I., et al., Male Contraception (1986).

See also: FERTILITY, HUMAN; REPRODUCTIVE SYSTEM, HUMAN.

LESSON: HDF10.2 GRADE LEVEL: 10
HEALTH

STEROIDS

OBJECTIVE(S):	**Students will use this lesson as a fact sheet to secure information on steroids.**
PHYSICAL SETTING:	Individual work station
PREPARATION/MATERIALS/ EQUIPMENT:	This lesson Supplemental material if desired.

- -

READING :

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steroid

{stair'-oyd}

Steroids are fat-soluble (lipid) organic compounds that occur naturally throughout the plant and animal kingdoms and play many important functional roles. All steroids are characterized by a four-ring structural configuration. Steroids are quite diverse and include the sterols (such as CHOLESTEROL) of vertebrates, bile acids from the liver, all sex hormones, adrenal cortical hormones (corticosteroids), toad poisons, and products of the DIGITALIS plant used to treat heart disease. Hormonal steroids are synthesized from cholesterol in the body. The biosynthetic mechanisms are similar in all steroid-secreting tissue (adrenal cortex, testis, ovary, and placenta).

While sex hormones are necessary for many aspects of reproduction and sexual function, the adrenocortical hormones, secreted by the adrenal cortex, are essential to life itself. There are two classes of corticosteroids. The GLUCOCORTICOIDS such as cortisone primarily affect carbohydrate and protein metabolism. They have limited use in the treatment of many immunologic and allergic diseases, such as arthritis. The mineralocorticoids such as ALDOSTERONE principally regulate salt and water balance. Because of the great therapeutic value of corticosteroids, many synthetic steroids have been produced, some more potent than the natural hormones. Synthetic steroids include antiinflammatory drugs, oral contraceptives, and a synthetic adrenal steroid used to treat Addison's disease, or adrenal insufficiency.

Julian M. Davidson

Bibliography:
Azarnoff, Daniel L., Steroid Therapy (1975); Joh ns, W. F., Steroids (1976); Pasqualini, J. R., ed., Recent Advances in Steroid Biochemistry (1977)

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VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI10.10

GRADE LEVEL: 10
SOCIAL STUDIES

BEAT GENERATION

OBJECTIVE(S):	The student will be introduced to alternative social outlets of creativity.
PHYSICAL SETTING:	Individual work setting.
PREPARATION/MATERIALS/ EQUIPMENT:	This lesson worksheet and reading
INSTRUCTIONAL ACTIVITY:	Students will read for content and write an essay.
TEACHER INSTRUCTION:	Teacher will guide student through the writing of the essay.
EVALUATION:	Essay will be evaluated based on content, creativity, and style.

****

READING :

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beat generation

A loosely knit group of American writers who became exiles within their own culture, the Beats were a clamorous bohemian reaction to the so-called silent generation of the 1950s. They had a marked influence on contemporary AMERICAN LITERATURE and on the youth movement of the 1960s. The Beats became prominent around 1956, in New York City and then in San Francisco. The group included novelists Jack KEROUAC, William S. BURROUGHS, and John Clellon Holmes; and the poets Allen GINSBERG, Gregory CORSO, Lawrence FERLINGHETTI, Gary SNYDER, Michael MCCLURE, and Philip Whalen. Kerouac coined the term, giving it a range of meanings from "beat down" to "beatific." The first Beat work is considered to be Holmes's pulsating, jazz-oriented novel GO (1952), but the masterpieces of the movement remain Kerouac's ON THE ROAD (1957) and Ginsberg's "Howl" (1956). The Beats rejected conventional consumer society and created their literature around an unconventional life-style of ZEN BUDDHISM, drugs, jazz, and a heightened respect for the individual over the masses.

Bibliography:
Cook, Bruce, Beat Generation (1971 repr. 1983); McClure, M., Scratching the Beat Surface (1982); Tytell, John, Naked Angels: The Lives and Literature of the Beat Generation (1976; repr. 1986).

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NAME : ______________________________

READ THE FOLLOWING QUESTIONS AND WRITING ASSIGNMENT.

THEN, READ THE INFORMATION PROVIDED.

THE BEAT GENERATION

1. Who does the term "beat generation" refer to?

2. In what ways did they influence American life?

3. Who were the prominent members of the Beat Generation?

4. What was their unconventional life style centered around?

WRITING ASSIGNMENT :

Think about why people feel it necessary to create sub-groups within a culture.

There are both advantages and disadvantages to choosing to not be a part of traditional society.

Make a list of pro's and con's of being a part of a sub-group. In a three/four paragraph essay, explain.

Outline:
1. Introduction
2. Con's
3. Pro's
4. Conclusion

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI10.12

GRADE LEVEL: 10
SOCIAL STUDIES

CHARLES MANSON

OBJECTIVE: Students will explore the influences drugs can have on a life.

PHYSICAL SETTING: Library may be needed.

PREPARATION/MATERIALS/ EQUIPMENT: This lesson
Library access.

INSTRUCTIONAL ACTIVITY: Students will put together a report on Charles Manson, focusing on how his life was changed due to involvement with drugs.

TEACHER INSTRUCTION: Teacher will provide appropriate setting for report to be given.

ASSIGNMENT: Students will prepare to write a report. They will use the information below as their starting point. They should gather additional information from local sources, especially the school library.

Write a report focusing on how drugs played a role in the life of Charles Manson.

EVALUATION: Teacher will evaluate report.

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Manson, Charles

The notorious mass killer Charles Manson, b. Cincinnati, Ohio, Nov. 12, 1934, was convicted of the murders of actress Sharon Tate and six of her friends near Bel Air, Calif. The bloody rampage on the night of Aug. 9, 1969, was the culmination of Manson's cult philosophy based on the worship of both God and the devil. He exerted total control over the so-called Manson family, mostly women, through repetitious preaching, drugs, and fear. His control was such that the Tate murders were committed at his direction but without his presence. After a widely publicized trial in Los Angeles, Manson was sentenced (Apr. 9, 1971) to death, but the sentence was later reduced to life imprisonment in keeping with the change in California law eliminating the death penalty.

Bibliography:
Bugliosi, Vincent, Helter Skelter (1974); Emmons, Nuel, Manson in His Own Words (1987); Sanders, Ed, The Family (1971).

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VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI10.16

GRADE LEVEL: 10
SOCIAL STUDIES

POPULATION GROWTH AND DRUGS

OBJECTIVE: Students will be introduced to population statistics and forms of birth control.

PHYSICAL SETTING: Individual reading.
Class discussion.

PREPARATION/MATERIALS/ EQUIPMENT: This lesson
Supplemental information for report.

TEACHER INSTRUCTION: Teacher will act as mediator and guide

STUDENT ACTIVITY: Student will

1. Read for content
2. Form an opinion
3. Debate stance taken

EVALUATION: Informal evaluation or evaluate the explanation of the new policy based on logic.

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NAME ____

The following article focuses on population growth.

1. Read the article. Note that lowering birth rates is the unambiguous object of government policy in more and more of the developing countries.

   It is up to you to write a new policy that will help control population in the third world country "x".

   You will choose a form of birth control to do so.

2. Write the law. Provide explanation for your choice. If you chose to use drugs to do so, explain why. Include the advantages and disadvantages of doing so.

****

READING:

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population

A population is a grouping of individuals subject to the processes of birth, death, and migration. A population may consist of insects, fish, or land vertebrates, as studied by ecologists, but this article deals with human populations. These are usually defined territorially as the population living within specified boundaries, such as those of the United States or of the Maldive Islands, but such nonterritorial groups as the female or black inhabitants of the United States may also be described as populations.

POPULATION GROWTH

During the first 2 million or so years of its history the human population was a minor element in the world ecosystem, with at most 10 million members. In the New Stone Age, less than 10,000 years ago, the number of humans began to increase more rapidly. The rough equilibrium maintained before Neolithic times gave way when the human population developed agriculture and animal husbandry and no longer had to spread out in search of game. With the abandonment of a hunting-gathering way of life and the rise of permanent settlements and eventually cities, the human population underwent dramatic growth. By the beginning of the Christian era it had reached 250 million, and by 1650, half a billion.

In various parts of the world, plagues and epidemics appeared and reappeared, usually spreading from populations habituated and at least partly immune--especially in East Asia--to hitherto untouched populations in Europe and the Americas. The Black Death in the 14th century wiped out a third of the population of Europe. In the 17th century the plagues stopped in Europe, but the emigration of Europeans to the Americas gave old diseases a new life--they decreased the Indian populations, who were not biologically immune.

Triumph over disease on a worldwide scale came during the 20th century with antibiotics and DDT; all continents showed a striking fall in death rates. But birthrates did not go down in proportion. Populations with birthrates continuing at the primitive, or base, level of 45 per 1,000 people per year, and whose death rates have fallen well below 20 per 1,000 people per year, are growing by as much as 3.5% per year and thus doubling over 20 years.

People and Subsistence

The vast population increases of the 20th century have been accompanied by advances in agriculture. Domestic animals supply about 143 million metric tons (1980-86 average) of meat each year; this, in addition to about 491 million metric tons of wheat and a somewhat smaller quantity of rice, provides the main sustenance of the human population. Lesser elements are an annual 104 million metric tons of sugar and that part of 438 million metric tons of corn which is not fed to animals. About 177 million metric tons of fish are caught in the oceans each year, but much of this is processed into animal feed and fertilizer (1980-84 average).

Populations tend to grow rapidly to the highest level at which the available technology can provide sustenance, and then remain constant. As technology becomes more sophisticated, population increases. Thomas Malthus, the British economist and pioneer in the modern study of population, failed to predict technological change and consequently underestimated future growth in both populations and their incomes. The 38 million British counted in the census of 1901 were far better off than the 12 million counted in 1801 soon after Malthus wrote An Essay on the Principle of Population, As It Affects the Future Improvement of Society.

It does seem to be true, as the influential German social theorist Karl Marx insisted, that each society has its own law of population growth. Rome discovered how to organize its human resources into a fighting force that for several centuries was able to overcome any other along its borders; given this military superiority, a local population surplus could be sent out to conquer and settle foreign lands; thus overpopulation in the Roman Empire was nonexistent. During the 19th century the expansion of industry required people, as the noted Scottish economist Adam Smith discerned, and population grew in accord with this need. By contrast, in the 20th century population growth has tended to be autonomous--that is, independent of political or economic factors.

Much contemporary discussion of population is framed in terms of a demographic model in which deaths decline from a level of about 30 per 1,000 each year to about 10 per 1,000; after a longer or shorter lag the decline in deaths is followed by a decline in births from about 45 per 1,000 or higher to about 20 per 1,000 or lower. No one knows whether the fall in the death rate directly causes the fall in the birthrate that follows it, or how long the lag will be in those countries where a fall in the birthrate has not yet occurred. The time lag separating the fall in births from the fall in deaths is of crucial importance; with a delay of 45 years the population can multiply fourfold, and with a delay of 75 years it can multiply ninefold. What is certain is that if no fall in birthrate occurs, the death rate will have to rise in those countries which are technologically backward; only a certain number of people will be able to support themselves within a given territory through subsistence agriculture.

Current Population Figures

In 1988 the total world population was estimated at about 5.1 billion people. The most significant world trend is that death rates are currently falling in poor and rich countries alike, while birthrates remain high in most poor countries and low in most rich ones. Exceptions are the generally high death rates of Africa and the high birthrates of the rich oil-producing countries.

The four most populous countries, in descending order, are China, India, the USSR, and the United States. The U.S. population totaled about 246,100,000 in 1988. Each year about 3.7 million children are born in the United States, and 2 million persons die. The greater number of births is due to the high proportion of young couples--themselves the product of the high birthrates of the 1950s, which in a number of years exceeded 4 million. Once these couples have passed through their childbearing years, births will be fewer than deaths, unless a considerable rise in the average number of children born per couple takes place. International immigration, both legal and illegal, is another major element in U.S. population growth. Legal immigration has recently amounted to about 600,000 per year; illegal immigration is thought to be even greater.

Uncertainty exists at the margins of population accounting in the United States. For the world's most populous country, China, only the roughest indications of even the most basic facts--number of people and rate of increase--are available.The 1953 census counted 584 million in mainland China; the population in 1988 was estimated at more than 1,087,000,000. China's annual increase has been estimated at about 1.4% annually.

India's population of more than 816.8 million people (1988 est.) is increasing faster than that of China, and if present trends continue it will catch up with or surpass China in the early decades of the 21st century.

The USSR has almost 286 million people (1988 est.). Its overall rate of increase corresponds with that of other industrialized societies, although differentials in its birthrate are large: the birthrate in European USSR is comparable to the rates in the United States and Western Europe, whereas birthrates in parts of Soviet Central Asia are higher.

Indonesia, Brazil, and Japan rank 5th, 6th, and 7th, respectively, in order of total population. For these and other population figures, see individual articles on continents, countries, states, provinces, and cities.

Population Movement

Internal migration continues to be important everywhere. The United States has seen a movement outward from the cities, first to the SUBURBS and more recently to the countryside beyond. Since the 1950s the main interregional current has been toward the west and the south--the Sun Belt. An increasing segment of the population, and some industry as well, is footloose--people on pensions and other incomes that do not require their presence in any particular locality and industries whose raw materials and products are easily transported. Given this liberation from place, one can expect continued population movement toward regions of agreeable climate.

Around the world the classical internal migration pattern is from poor to better-off areas. Thus in Italy the main movement is from the south (including Sicily) to the north; in Britain, from Scotland and the now-depressed towns or early industrialization to London and the south of England generally; in Brazil, from the northeast to the south and especially to Sao Paulo. This pattern is paralleled in Europe as a whole, with workers from poorer countries migrating to the richer, more highly industrialized nations: France, Germany, Sweden, the United Kingdom.

By far the most important migration pattern in the world as a whole is that from countryside to city. In the past this trend has usually accompanied industrialization. Today rural-urban migration is most rapid in poor countries, and by the end of the century it is expected that cities in these poorer countries will have passed the 2 billion mark and will contain twice the population found in cities of rich countries. Metropolitan Mexico City is said to contain 20 million (1987 est.) people, making it even larger than such other major cities in the less-developed countries of the world as Shanghai, Calcutta, Bombay, Cairo, Jakarta, and Manila. Many other such cities are not only large but continue to increase at greater annual rates of growth than those in the world's developed countries. As countries become urbanized the natural increase in the size of their cities eventually surpasses migration as the source of further urban growth.

New Distribution Patterns

Crowding is not so much a matter of too many people in general as of their unequal distribution. For instance, if the United States had a stable population of about 300 million people it would not suffer from standing room only; in fact much of its territory would still remain empty. In other words, it is not the size of a population per se but the tendency of people to cluster in the largest cities that creates the problem of congestion. This concentration is now diminishing, but it is being supplanted by a trend toward the creation of vast, continuously expanding urbanized areas. The metropolitan area of New York, plus that of Hartford, plus that of Philadelphia, plus that of Providence, and so on, may no longer be the best description of the East Coast agglomeration; in the 1960s geographers adopted the term MEGALOPOLIS to describe the continuous built-up area from Boston to Washington, D.C., and similarly for the area south of Lake Michigan, for southern California, and for a dozen other areas. Such spreading out will relieve population pressures but result in an increased use of energy for transportation. Prospective energy shortages could change residential patterns greatly. (See CITY.)

POPULATION CONTROL

What are the prospects for world population? It seems to be approaching an upper limit, to be attained well within the next century. With good fortune population stabilization will be brought about through a falling birthrate. In some parts of the world, however, malnutrition and such diseases as malaria are actually on the increase, and population control may occur through a rise in the death rate.

Projections for Future Growth

Presuming that the birth rates and death rates coincide in all parts of the world by the end of the century, demographers estimate that the world population will level off at between 8 and 9 billion about the year 2075. This figure includes China at 1.5 billion and India at 1.6 billion, numbers that seem impossibly high, especially in view of India's already grave ecological and economic problems. Whether Brazil's population will increase to the 296 million the projection indicates, or Mexico to 180 million, no one can now say. The mean ages of the populations of those countries are young enough to bring about such an increase even with a drop to bare replacement in the next 20 years, provided the death rates do not increase.

For the developed countries the same assumptions show a much smaller change from present levels. Japan would increase from 123 million (1988 est.) to 143 million in 2075; West Germany, from 61 to 65 million; the United Kingdom, from 57 to 69 million; the United States, from 246 to 292 million; and the USSR, from 286 to 354 million.

Certain features generally accompany the stabilization or slowdown of population growth. Slowing means proportionately more old people and fewer young people in the society; less-rapid promotion of individuals within organizations; possibly a slower rate of innovation resulting from the higher average age; and with all these factors, probably a less optimistic culture. The euphoria of the years of rapid population growth in the United States--for instance, the 1920s and the 1960s--has now been replaced by the less-bright outlook of the 1970s and 1980s. Yet demographers are cautious about attributing economic or psychological slowdown to the slowing of population growth; equally persuasive arguments can be presented against any such imputation.

Population as an Object of Policy

Population has been a perennial preoccupation of government policy. Rome rewarded mothers and taxed bachelors, as the USSR began to do in Stalin's time; abortion and even contraception were made illegal in 19th-century France and in many other countries; Sweden provided government housing at low rents; many countries, including Canada, have directly subsidized children by providing family allowances. The effectiveness of such pronatalist measures in raising the birthrate has, however, never been unambiguously demonstrated. French citizens deprived of contraceptive equipment outwitted their government by turning to coitus interruptus and illegal abortions. Countries with subsidized housing have birthrates no higher than those with free-market housing. When Romania made abortion illegal the birthrate went up immediately, but this temporary response was succeeded by better use of contraception and a subsequently lowered birthrate.

Any effect that such measures may have is largely swamped by contemporary social changes that governments cannot or do not wish to control. These include the liberation of women from subservient roles, the increasing involvement of women with work and careers, and rising divorce rates. A government like that of Austria--one of about half-dozen countries where the actual number of births is about equal or has fallen below the number of deaths--wants to see its birthrate rise at least to replacement level, but it cannot wholeheartedly press its women to abandon the labor market and stay home. By funding family allowances and day-care centers Austria tries to encourage the birth of children without pushing women out of the labor force, but reconciling such mutually contradictory objectives will not be easy.

Birth-Control Programs

Lowering births is the unambiguous object of government policy in more and more of the developing countries. Increasing populations press on the environment and its resources, take away from the capital available for new investment, crowd cities with people for whom jobs are not available, upset the balance of payments, and cause political turmoil. After a period of uncertainty, during which the ancient idea that population is a source of national power prevailed in many high places, governments have become aware that national power--not to mention individual welfare--is more likely to be attained with fewer people.

Contraception is freely available in most countries and is actively promoted in many. Such promotion has little effect when people want large families, but when the other forces of modernization have come into play and the birthrate has started to fall spontaneously, promotion of birth control speeds the decline. Typically, the better-off take up family limitation first; governmental sponsorship of birth control and foreign aid that makes contraceptives available to the poor apparently help to spread the practice of family limitation among ever-wider strata of the population. Recent surveys in Colombia, Indonesia, and other places with active programs point to a more rapid decline in birthrates than had previously been thought possible. (See BIRTH CONTROL.)

Such government action is more likely to be effective when it goes along with social and economic changes, such as the equalizing of incomes. Those countries where income inequality is slight and declining have shown the greatest fall in the birthrate; it is as though people will only limit the number of their children when they see some chance of rising out of poverty. It seems to be for such reasons that Sri Lanka's birthrate, for instance, has fallen faster than those of India and Brazil.

Measures that penalize large families have been tried, but no measure that serves to disadvantage children already born is likely to prove acceptable. One would like to urge people to have fewer children and at the same time provide food subsidies so that children already born will grow up healthy. These are both worthy aims, but subsidized food tends to cancel out birth-control programs, this being one of many dilemmas of population policy. A realistic sense of the limits of action to influence historical events, and of the way action in one field has repercussions in others, could well reduce government intervention while making such intervention as is exercised more effective.

Nathan Keyfitz

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See also: AGRICULTURE AND THE FOOD SUPPLY; DEMOGRAPHY.

LESSON: HDI10.1

GRADE LEVEL: 10
SOCIAL STUDIES/HOME ECONOMICS

IT'S TIME TO PARTY!!
PLANNING A PARTY

PURPOSE: Students will identify fun, safe, and appropriate party activities by planning a party which doesn't include drugs.

MATERIALS: Work sheet : The Party (following page)

ACTIVITY: Place students in groups of 5 and have them plan a party, using the Party Sheet as a guide.

PROCEDURE: 1. Introduction: Ask the class how many of them have ever attended a party. Ask how many of them have ever planned a party.

Focus a discussion on the following questions:

Why do people have parties?

Have you attended parties where alcohol or other drugs were available?

Do you think you can have fun at a chemical free party ?

What are some of the reasons people use to have alcohol or other drugs?

What are some of the reasons not to have drugs or alcohol at a party?

2. Organize the class into groups. Tell them that the task of each group is to plan a party without alcohol or other drugs. Anything is permissible as long as it is fun, safe, legal, and appropriate. Tell them that you are trying to find out which group can plan the best party.

3. When the students are finished, discuss what each group wrote for its party. Arrive on a consensus on the best party.

Keep in mind these questions:

What kinds of activities are provided so that people will feel relaxed with one another?

What kinds of activities are provided to help people get to know each other?

What kinds of refreshments are provided?

4. Remind students to keep this experience in mind the next time they plan a party!

SUGGESTIONS: Tell the class that their party sounds so good that they deserve to have it. Let them know that arrangements have been made for them to have a party based on the plan they've come up with in this lesson.

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THE PARTY

Planning Sheet

STUDENT NAME________________________________

FOOD AND REFRESHMENTS:

ENTERTAINMENT:

ACTIVITIES:

THINGS PEOPLE NEED TO BRING WITH THEM:

OTHER IDEAS: WHERE?
ROOM ARRANGEMENTS?
INVITATIONS?

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI10.9

GRADE LEVEL: 10
SOCIAL STUDIES

SOCIAL REVOLUTION

OBJECTIVE(S): Students will be introduced to the effects of a counter revolution.

PHYSICAL SETTING: Classroom

PREPARATION/MATERIALS/ EQUIPMENT: This lesson

INSTRUCTIONAL ACTIVITY: Reading for content
Answering questions
Class discussion

TEACHER INSTRUCTION: Teacher will act as guide and mediator

EVALUATION: Answers to questions may be evaluated and graded.

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NAME ______________________________

REVIEW THE FOLLOWING QUESTIONS BEFORE READING THE INFORMATION PROVIDED.

1. What does the term "counterculture" refer to ?

2. What were the counterculturists of the 1960's opposed to ?

3. Name several antecedents to the revolt.

4. Who were the Hippies ? What characteristics were common among the Hippies?

5. What drugs worked as social catalysts during this time ?

6. How do you think the Hippies justified their use of drugs ?

7. What traditional aspects of life did the Hippies reject ?

8. What aspects of religion were experimented with ?

9. What was WOODSTOCK ? Where and when did it take place ?

10. Who were The New Left ?

11. What was the "cause" the New Left fought for ?

12. Although the counter culture failed to achieve goals of some of its exponents, it did help produce permanent change in American life. Name the changes the counterculture brought about.

READING :

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counterculture

The counterculture, which arose in the United States during the 1960s, was a social revolt among middle-class young people. Opposition to the Vietnam War, and to a society that could uncritically pursue such a war, was at its core. It had both political and cultural aspects: participants in the cultural revolt were called hippies; the political movement was known as the New Left.

The revolt had several antecedents. Between 1950 and 1964 the college population had more than doubled, reaching about 5 million. ROCK MUSIC helped popularize the freer alternate life-styles of young people. The civil rights and peace movements had publicized the failures of the existing system. More liberal child-rearing practices had produced a generation not unfamiliar with freedom, and a century of bohemianism had furnished stylistic models.

A youth revolt had occurred during the 1920s. That revolt, however, had concerned itself principally with matters of cultural style and personal behavior. Its symbols were flappers, gin, and jazz (as the counterculture's were long hair, drugs, and rock music).

The Hippies

HALLUCINOGENS such as LSD, PSILOCYBIN, MARIJUANA, hashish, and mescaline worked as social catalysts. These psychedelic drugs radically altered perception, strongly reinforcing the belief that society's rules and institutions were arbitrary, insubstantial, and corrupt.

The hippies rejected the traditional family in favor of other arrangements based on love. In practice, a person lived for however long he or she wished with whomever they wished, in couples or in groups known as communes. Sexual relations in these groups might occur whenever mutual attraction was strong enough. Hippies strove to live in the present, to "go with the flow," and to "hang loose," rather than to be "uptight." The quasi-religious nature of psychedelic experience led many young people to forms of mysticism. Oriental philosophies, such as yoga, Zen and Tibetan Buddhism, and the Chinese I CHING (Book of Changes), were studied, and their more easily accessible aspects were absorbed. Others followed Western occult pursuits, such as astrology, tarot, palmistry, and witchcraft. In 1966, after LSD was banned, its advocate, Timothy Leary, founded the League for Spiritual Discovery, which advocated legalizing LSD and marijuana as religious sacraments.

The counterculture reached its apogee in August of 1969 at the Woodstock Music Festival in New York, where 400,000 young people camped together peacefully for three days in the rain, enjoying music, love, and nude swimming. The event received nationwide publicity, and many people felt that the new way of life had proved itself. But the illusion of success was punctured four months later at an outdoor rock concert in Altamont, Calif., featuring the Rolling Stones. On this occasion the motorcycle gang Hell's Angels was asked to keep order. Violence broke out, and four people were killed.

The New Left

The political aspect of the counterculture was spearheaded by the Students for a Democratic Society (SDS). This campus group pursued the ideal of participatory democracy and inspired many students to political action. Among its leaders, Tom Hayden, Rennie Davis, Abbie Hoffman, and Jerry Rubin gained national prominence. Alliances were forged with the Black Panthers and other radical minority organizations. The satirical style of the Yippies (Youth International Party) attracted many to the New Left. Both movements shared the goals of personal and social liberation and had a common enemy: the bourgeois decadence of Western society.

The New Left gained national visibility through protest demonstrations in support of the civil rights movement and against the Vietnam War. In 1968 there were violent clashes between police and demonstrators in Chicago at the Democratic National Convention. A radical faction, the Weathermen, developed in the SDS. Favoring the use of violence and terror, they went underground in 1969 and began bombings.

Decline of the Counterculture

While the counterculture developed a social system that might have worked for small numbers in an economy of plenty, it could not sustain the masses of late-coming adherents, who embraced the culture's hedonism but failed to accept its Utopian commitments. The unconventional appearance, behavior, and beliefs of members of the counterculture provoked widespread fear among conventional people. Long-haired men were beaten up or shot at by alarmed citizens. Hippies were often arrested for illegal drug activities. Suicides purportedly caused by LSD, coupled with an epidemic of heroin and other "hard" drugs, destroyed the hope that psychedelic drugs might liberate human consciousness. Among the thousands of young people attracted to hippie enclaves, some were social parasites and fugitives from the law. Violence occurred among them. When hippies moved to rural areas to form communes, they were unwelcome.

New Left groups were infiltrated by FBI and other law enforcement agents, who compiled dossiers and even tried to provoke illegal actions for which leftists could be arrested. Legal defense against conspiracy prosecutions bankrupted New Left treasuries, even when the indictments were finally dismissed. The end of the Vietnam War removed the central issue around which it had mobilized its forces.

One highly publicized late-counterculture manifestation occurred in 1974: members of the terrorist Symbionese Liberation Army (SLA) abducted 20-year-old Patricia Hearst, of the prominent publishing family. She subsequently joined the SLA and helped them rob a bank. Captured by the FBI in 1975, she served nearly three years in prison.

In 1981, during the course of an abortive robbery of a Brink's armored car in Rockland County, N.Y., two policeman and a guard were killed. The radical suspects arrested had various counterculture affiliations; after prolonged state and federal trials in 1983-84, eight defendants had been convicted and sentenced to long prison terms.

Although the counterculture failed to achieve the goals of some of its exponents, it did help produce some permanent changes in American life. Chief among these are an awakened interest in Ecology, a more acute and less rigid sense of social and sexual roles, a greater openness to spiritual disciplines and other forms of self-development, a stronger reliance on personal experience as a source of knowledge, and an increased skepticism of the motives, abilities, and honesty of business and political leaders.

Jonathan Kamin

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GRADE 11

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI11.8

GRADE LEVEL: 11
COMMUNICATION ARTS/HEALTH

DIVORCE

OBJECTIVE(S): Students will write about a ficticious "divorce" in a creative writing assignment

PHYSICAL SETTING: Classroom.

TEACHER INSTRUCTION: Teacher will introduce writing assignment and guide students through the project.

STUDENT ACTIVITY: Writing

PREPARATION/MATERIALS/EQUIPMENT: Environment for writing

EVALUATION: Students should be given credit for writing assignment, but teacher should not "grade" assignment due to the nature of the topic.

STUDENT ASSIGNMENT:

- Read the following facts about divorce.
- Write a story about a divorce that you are a part of. You may be any character in the story. Tell the story from your point of view (1st person narrative). The assignment should be approximately 2 pages.

You may want to

- set up the story
- explain the divorce
- tell about specific incidences
- conclude the story some way

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HERE IS THE INFORMATION TO SPUR YOUR IMAGINATION.

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divorce

Divorce is a way of dissolving a legal marriage, which permits the partners to remarry if they choose. It differs from an annulment, which declares a marriage invalid because of some defect in the contract. Divorce involves the recognition that a marriage has irreparably failed and that at least one of the partners has no desire to continue living with the other.

Unsuccessful marriages may be dealt with in other ways. For example, instead of divorcing, the partners may choose to remain together for religious or family reasons, or they may decide to live apart without breaking their legal ties.

Divorce is obtained in the modern world through action in a court of law. In other times and societies, divorce has been a matter of religion or custom. Among some peoples divorce is a ritual; typically, it involves the symbolic breaking of some object such as a pot or a tool. In some societies couples draw up a divorce contract; the two parties and their families work out a mutually satisfactory arrangement that can be enforced through legal sanctions. In still other societies divorce is mainly an economic affair; usually it involves returning the payments made at the time of the marriage. In traditional Eskimo society, the family simply divided into two households.

HISTORICAL BACKGROUND

The marriage and divorce institutions of the West are derived from ancient Hebrew and Roman sources. In Jewish law, a wife did not have the right to divorce her husband, but she did have the right to remarry if her husband divorced her. This is recorded in Deuteronomy 24:1: "When a man takes a wife and marries her, if then she finds no favor in his eyes because he has found some indecency in her . . . he writes her a bill of divorce and puts it in her hand and sends her out of his house . . . and if she goes and becomes another man's wife. . . ."

In the Roman Empire, marriage was not a legal formality; a man and a woman simply began to live together in a permanent household. The only legal requirements were that the parties be citizens above the age of puberty and that they have the consent of their families. Both the husband and the wife possessed property separately. Either could put an end to the marriage; the law required only a clear indication of the intent to divorce, such as a formal letter.

The early Christian emperors of Rome began to bring marriage and divorce under the authority of the law. JUSTINIAN I, the lawgiver of the 6th century, sought to impose the church's view of divorce but had to back down because of public protest. In the eyes of the Christian church, marriage was indissoluble. Canon law, as it developed during the Middle Ages, became the law of the Christian countries of Europe with respect to marriage and divorce; under it, divorce was not allowed.

Separation--"divorce from bed and board"--was permitted in the case of adultery or extreme cruelty; it was also permissible if one of the partners had left the church. A marriage might be annulled, however, if any of the rigorous requirements of canon law for a valid marriage had been violated; partners were then allowed to remarry.

Canon law concerning divorce could be summarized by the phrase from the marriage ceremony: "What therefore God has joined together, let not man put asunder" (Matt. 19:6). When Martin Luther and other Protestants broke away from the Roman church in the 16th century, they adopted a different view of marriage. Luther called it "an external worldly thing, subject to secular jurisdiction, just like dress and food, home and field." The Protestants, therefore, permitted divorce on specific grounds, such as adultery, cruelty, or desertion. In England a different tradition prevailed. Legal divorce was instituted after HENRY VIII broke away from the Roman Catholic church, but it was obtained through Parliament rather than through the courts. Every divorce required a separate act of the House of Lords. Divorce was therefore expensive and accessible only to the rich and powerful. This system of legislative divorce continued in England until 1857, when Parliament established the Court for Divorce and Matrimonial Causes.

DIVORCE IN THE UNITED STATES

The early American settlers brought with them three different views on divorce: the Roman Catholic view that marriage was a sacrament and that there could be no divorce; the English view that divorce was a legislative matter; and the Protestant view that marriage and divorce were secular matters to be handled by the civil authorities. Virginia and the southern colonies did not recognize divorce at all. By the 1690s, Massachusetts recognized seven grounds for divorce.

The Constitution of the United States did nothing to limit the rights of the states to enact their own laws governing marriage and divorce. Despite several efforts to amend the Constitution, to allow Congress to pass federal legislation on divorce, to this day the states retain separate laws. Because divorce laws vary from state to state, the "migratory divorce" developed: couples would move temporarily to a state where divorce was easier to obtain than at home. For example, a couple living in New York State, where until 1967 the only grounds for divorce was adultery, would establish residence in Nevada--a procedure that took only 6 weeks--and file for divorce on grounds of mental cruelty.

Popular attitudes toward divorce changed as the United States became urbanized and more secular. The increasing acceptance of divorce was reflected in court interpretations of existing laws and in new legislation enacted by the states. Two tendencies merged, making possible the establishment of new and easier grounds for divorce. The focus of state divorce legislation shifted from specifying legal grounds for divorce to criteria concerning the breakdown of the marital relationship. This could be seen in provisions that allowed divorce for alcoholism, drug addiction, or nonsupport. Another tendency was to permit divorce if both parties gave evidence of their desire by voluntarily separating and living apart for a specified period of time. Thus in 1967, New York allowed divorce for couples who had been legally separated for 2 years, eliminating the search for a guilty party. In 1970, California permitted divorce when "irreconcilable differences" arose. By 1978 all but three states had added no-fault divorce options to their existing laws.

DIVORCE RATES

Published statistics show that the United States has the highest divorce rate in the world. In 1973 the rate was about 4.35 per 1,000 people, as compared with 1.03 in Japan, 2.00 in Sweden, 2.14 in England and Wales, and 2.72 in the USSR. It is sometimes said that in the United States, for every four marriages, a divorce occurs. Divorce statistics, however, tend to be misleading. In 1979 about 2.4 million marriages took place in the United States and about 1.2 million divorces; thus one divorce occurred for every two marriages. It would be equally true, however, to say that 80 percent of all married people were living together in their first marriage.

Statisticians speak of the "crude" divorce rate--the number of divorces per 1,000 population. The crude divorce rate of 5.3 in 1979 in the United States may be compared with a crude marriage rate of 10.7. An even better measure is the number of marriages or divorces per 1,000 "population at risk," that is, the number of persons who get married compared with the number of all unmarried persons 15 years of age or older, and the number of persons who get divorced compared with the total number of married persons. Calculated this way the marriage rate in the United States in 1978 was 64.1 and the divorce rate 21.9.

When marriage and divorce rates in several countries are compared one must take into account the proportion of the population that is of marrying age, the proportion that marry, and the age at marriage. Because people now live longer and marry earlier, the size of the population "at risk" increases. Only in Japan is the married proportion of the population as high as it is in the United States. Moreover, Americans who get divorced are likely to remarry. In the 1970s only one divorced person out of five did not eventually remarry; 50 years earlier, two out of three did not remarry. If the divorce rate has soared, so has the marriage rate.

Anthropologists report that many societies have even higher divorce rates than that of the United States. For example, the Kanuri of Nigeria would have a divorce rate approaching 100 percent if some married people did not die young. The belief that high divorce rates produce social disorganization has not been proved. The social effects of divorce depend on what happens to families that experience it and on the arrangements society makes for them.

THE EXPERIENCE OF DIVORCE

Divorce can be a devastating experience. While the divorce is in progress, and for some time afterward, both parties are likely to feel personally rejected, cheated in the economic arrangements, misrepresented legally, bitter about the coparental arrangements, lonely because they have lost friends, and afraid of living alone.

In a sense, the two people involved must separate on several different levels. On the psychological level each must learn to be without a person whose presence has been an everyday part of life. In the legal proceeding, the parties must often transmute their differences into the artificial grounds that will support the divorce action. In the social sphere they must make new friends and give up old ones with whom they no longer feel comfortable. Economically they must split up their property and establish separate households; the husband may be required to pay support for the children, and perhaps for the wife as well (although in some cases it may be the wife who supports the husband). As parents, they must accept some arrangement for custody of the children.

In the United States, the mother traditionally has been granted custody of the children unless she is found unfit by the courts. The father is usually awarded the right to visit the children regularly. Prolonged and bitter struggles for legal custody have often scarred both parents and children. In extreme cases, the parent losing a custody conflict may even resort to kidnapping his or her own children.

Since the mid-1970s, however, other patterns of child custody have emerged alongside the old. Some mothers have voluntarily relinquished custody in order to pursue other goals, or because they believe the children may fare better with the father. Joint custody has also become more common, with parents sharing responsibility for the upbringing of their children, even after remarriage. In 1980 approximately one household in seven included children of prior marriages.

Children are distressed when their parents divorce. Children under the age of 5 may react with rage and grief, as if they themselves were being divorced by their parents. Older children grasp the situation better but sometimes tend to blame themselves. Adolescents are likely to be angry at their parents and to feel socially embarrassed by the breakup. Even grown children may be upset and angry, although they are able to adjust more quickly because they are less dependent on the marriage. Most children, whatever their age, seem to emerge from the experience without permanent ill effects if the parents adjust reasonably well. Some studies indicate that children of divorce are more likely than others to receive poor grades or become delinquent; other studies suggest that these consequences are less the result of divorce than of a bad home life. If the atmosphere at home is bad, it may make little difference whether the parents remain together.

Notwithstanding the higher divorce rate, the motherless or fatherless family is less common today than in the 19th century. This is because, although few families in the 19th century were broken by divorce, many were broken by death. Recent studies of stepparent families have found that the children were as happy, productive, and successful as children in intact families.

Paul Bohannan

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VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI11.10

GRADE LEVEL: 11
COMMUNICATION ARTS

FAMILY

OBJECTIVE(S): Students will be asked to think about their family and reflect on some aspects of family life.

PHYSICAL SETTING: Classroom, individual or group setting

TEACHER INSTRUCTION: Teacher will praise students' writing efforts

STUDENT ACTIVITY: Writing assignment

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STUDENT WORKSHEET--

DIRECTIONS: Read the following information. You will note that the questions you will be answering correspond directly to the section headings in the article. Use the back of the page if neccesary.

QUESTIONS :

1. FAMILY Describe what "family" is to you.

2. Describe your family structure.

3. Families function in different ways. Describe how your family functions.

4. "Contemporary life" poses a problem for the traditional family. Explain how your family deals with life in the world today.

5. CHANGING ROLES is a very common situation. Explain how those in your family :change roles" to deal with day to day situations.

6. Many things are new and diverse in the world today. In what ways is your life new or diverse?

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Reading--

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family

The family, among the oldest and most fundamental of human institutions, consists of a man and a woman who are generally expected to produce children, care for them, and help train them in the ways of their culture. This simple family, known as the conjugal, elementary, or nuclear family, is present in virtually all known societies.

Long before the emergence of tribal society, people regulated themselves by elaborating rules governing sexual pairing. These rules were, and remain, extremely diverse, although prohibitions against incest--sexual relations between close family members--have been virtually universal. The incest taboo requires individuals to find and marry mates from outside their own family group, thus reducing the possibilities for serious conflict within the family and also increasing the social interaction between family groups.

Generally speaking, all people encounter two families: the family they are born into, called the family of orientation, and the family they form when they take a spouse, called the family of procreation. Kinship bonds link these two families into more-complex family systems.

In traditional, preindustrial societies, kinship ties constitute the primary forms of social organization, regulating the transfer of property, providing structures of authority, and forming the basis for the organization of production and distribution. In such societies the nuclear family tends to be overshadowed by the larger network of kin.

In other societies, including that of the modern industrial state, kinship matters less in shaping human lives. Individuals rely on a complex array of institutions, including the state, industries and commercial institutions, and churches and schools, to organize their activities into orderly and socially useful endeavors. In such societies the nuclear family tends to be predominant, and kin relations tend to be secondary.

FAMILY STRUCTURE

All families begin with a mated pair, but they rarely remain so simple in structure. There are two general sources of complexity in family structure. The first originates in the custom of taking more than one spouse. A few preliterate cultures have practiced polyandry, the system by which one woman takes more than one husband. Much more common, and not limited to preliterate societies, has been polygyny, one husband having more than one wife. In many Islamic cultures polygyny is still practiced, and family structures as a result tend to be quite complex. Even in Islam, however, relatively few men in fact practice polygyny because they cannot afford to maintain more than one wife and the children she bears.

The second source of complexity in family structure hinges on the manner in which the relations between kin and the nuclear family are ordered. In various societies children are encouraged to remain closely attached to their family of orientation, bringing their spouses to live in or near their parents' home. This arrangement, known as the extended family, consists generally of several nuclear families arrayed around parents.

The extended family structure is well suited to subsistence economies because the expansive network of kin provides any given couple with access to goods and services that they alone could not provide. Once widespread, it is characteristic of almost all preindustrial societies, large or small. In modern industrial societies variations of the extended family and the kin network persist among the poor and within ethnic or religious minority groups, in part because such a family structure helps to sustain individuals in the face of economic hardship and helps to lessen the demoralization that often accompanies minority status.

FAMILY FUNCTIONING

In preliterate cultures, and even in Western society until fairly recently, the family was an all-purpose institution. The network of kin provided the nuclear family with economic assistance; the household was the principal unit of production as well as of consumption; and the complex rules of kinship regulated sexual behavior and helped assure the orderly reproduction of society. The family head was typically also its religious leader and the spokesperson for the family in public matters. Countless aspects of daily life were thus organized in terms of families, kin groups, and the residence and descent rules that prevailed.

In contemporary industrial societies the family is a much less comprehensive institution. Specialized institutions have taken over many of the responsibilities that were once the family's. For administration and production, the home has been replaced by the office and the factory. The church and the school carry much of the burden of sacred and secular training. The legal, medical, and other professions provide much of the specialized assistance, counseling, and support that the extended family once supplied. Nevertheless, the family continues to play an important role in modern life. It remains the primary group where intimacy and affection can be freely expressed; it is still the most broadly satisfactory setting for the primary care of infants. In a sense, the family has itself become a specialized institution whose unique mission is to provide the emotional support that the larger, more impersonal worlds of education, work, and politics do not.

With this transformation in family functioning, momentous changes have occurred in the nature of the husband-wife bond and in the relations between parents and children. In traditional societies marked by extensive kin relations, the nuclear family is only a small component of a large system. Until comparatively recent times, parents had the most powerful voice in deciding when and whom their children would marry. The nuclear family was neither economically nor emotionally self-sufficient. It was embedded in a thick web of social obligations that made the nuclear family, and the wishes of the people in it, subordinate to the larger family of which it was a part. Furthermore, the nuclear family traditionally was not the intensely emotional relationship that it characteristically is today. Infants were indulged to the extent that hard work and scarce resources permitted, but at what today would be regarded a very tender age, children were expected to begin to shoulder serious adult responsibilities.

This pattern of family functioning began to unravel with the beginnings of the Enlightenment and the Industrial Revolution. Aspirations for greater personal freedom blended with and reinforced changing economic conditions to produce a slow but accelerating movement toward more independent nuclear families that depended less on the expanded kin network. As a result, the expanded kin network slowly lost power. The change began among the more wealthy and secure. With the advance of industrialism and the rapid rise in standards of living, more and more couples broke away from the kin network. Emphasis shifted to the couple and their needs: the nuclear family began to become more self-sufficient in both economic and emotional ways. Husbands and wives were expected to be loving companions, not just helpmates. Children assumed a more prominent place in the family relations as attention shifted to themes of emotional maturity and personal development.

The entire character of family functioning has undergone change in the last several centuries. Changes that first swept Western societies are now also affecting non-Western cultures and the modernizing sectors of the developing world. The practice of child marriage, for example, is no longer officially sanctioned in India; the traditional extended family of China has been almost completely dismantled in favor of nuclear families; all but the most remote villages show signs of these changes. As industry spreads, as markets grow, as wage labor replaces subsistence agriculture, the nuclear family begins to predominate, and ties to relatives weaken. Couples tend to become more autonomous, and family functions turn inward, focusing more and more on private concerns.

PATTERNS OF CONTEMPORARY FAMILY LIFE

Except during wartime and depressions, the marriage rate in the United States has remained consistently high; more than 90 percent of Americans marry at least once. In selecting a spouse, most people choose from groups of people similar to themselves, a tendency that social scientists term homogamy. Such factors as religion and ethnicity continue to play a role in mate selection, although their impact has been slowly diminishing.

After many decades of a declining age at first marriage, the trend to more youthful marriage has begun to reverse, and since 1955 the average age at first marriage has been increasing. By 1978 the average man and woman were 24.2 and 21.8 years of age at the time of their first marriage, closer to the averages for the 1890s than for the 1950s.

More and more men and women are postponing marriage in order to establish themselves in occupational pursuits or simply to enjoy the relative freedom that remaining single offers. The relaxation of norms governing premarital sex and the increased acceptance of cohabitation also reduce pressures that lead to early marriages. Expectations for married life are changing rapidly, and the resulting uncertainties may also contribute to the growing reluctance to rush into marriage. Similarly, as divorce rates rise, many people respond by being more cautious and more hesitant about marriage for fear of its dissolving in a painful divorce. These changing expectations for marriage and family life have led to three broad trends: greater equality in marital roles; declining size of families; and increasing acceptance of divorce.

Changing Roles

For many generations of American families, the customary role for wives was exclusively that of homemaker and mother, and the primary role of husbands was that of breadwinner. As recently as 1970 the majority of American men, according to public-opinion polls, were opposed to their wives' working outside the home. Economic pressures and a growing insistence on equal treatment for women, however, have led to rapid change. The majority of American wives now work outside the home. In fact, very near a majority of mothers with preschool-aged children work outside the home. Opinion polls now record that most husbands approve of their wives' working. Patterns in the performance of domestic duties have been much slower to change, but even here traditional roles are giving way to greater sharing and reduced sexual segregation of tasks.

Much of this greater flexibility has come about because parents now are choosing to have fewer children than did earlier generations of parents. The birthrate has been declining fairly steadily for some time now, to the point where the statistically average American family has slightly less than two children. If the present pattern prevails, large families, once a standard, will have become oddities.

Researchers also report that parents are less inclined to defer their own aspirations in favor of their children's. Some feel that this reflects a growth in the emphasis on personal autonomy and a heightened concern for personal growth and satisfaction. Such changes in attitudes toward family life have made families more fragile. This is reflected most obviously in the dramatic increase in divorce in recent years. If the present divorce rate persists, within another generation roughly half of all marriages will be ended by divorce. Nearly half of all children can now be expected to live some portion of their childhood years in a single-parent family.

While divorce is generally upsetting for all concerned and is often the source of serious social problems, it does not follow that the low divorce rates of the past meant that couples were somehow happier than they are now. The opposite might well have been the case. Some social scientists maintain that divorce may be the inevitable accompaniment to the increased emphasis on personal development and mutually rewarding intimacy within the nuclear family that marks contemporary U.S. culture.

The New Diversity

The family has been subject to enormous pressures as Western and non-Western cultures alike have changed from a largely rural to an increasingly urbanized, industrial orientation. The changes have altered aspirations, but they do not appear to have greatly diminished the desire for entering into intimate relationships. To be sure, the number of people who are choosing to live on their own has dramatically increased in the past decade, and the increasing age at first marriage may suggest a growing wariness of becoming committed to a long-term relationship. Nonetheless, the vast majority of people will eventually marry or in some other way enjoy another's affections on a sustained basis. As the family continues to undergo change, new forms of family living as well as alternatives to family living have emerged. Various communal experiments enjoyed a recent, but apparently short-lived, flurry of attention. Cohabitation has become more common, as has the decision to remain childless. In recent years the number of single- parent families has dramatically increased, reflecting not only rising divorce rates but also a growing tendency not to remarry. Each of these developments raises its own problems--problems rooted in moral concepts as well as in concerns for physical and emotional well-being.

In recognition of the simultaneous fragility and importance of the nuclear family, many industrial nations have moved in the direction of developing comprehensive programs of support for the nuclear family. State-funded day-care centers and homemaker programs help to make it easier for both husband and wife to work. In some countries, notably Sweden, programs have been introduced that offer fathers paid paternity leaves in order that they may assist in caring for their newborn children. Many societies are also attempting to devise ways to help the elderly be less reliant on their children while not being brushed aside into impersonal and largely custodial institutions. The future of the family, whatever else it may hold, will almost certainly depend to a large extent on enlightened support from other institutions in the society.

Jan Dizard

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See also: MARRIAGE; OLD AGE; WOMEN IN SOCIETY; YOUNG PEOPLE.

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI11.5

GRADE LEVEL: 11
HEALTH

EXERCISE VS. UNHEALTHY ENTERTAINMENT

OBJECTIVE(S):	Students will explore exercise as a viable option to unhealthy entertainment.
PHYSICAL SETTING:	Classroom.
TEACHER INSTRUCTION:	Teacher will promote discussion.
STUDENT ACTIVITY:	Answer questions and participate in discussion.

****

STUDENT WORKSHEET

NAME_________________________________

- Read the questions below.
- Read the article titled "exercise" (following pages)
- Answer the questions posed.

In the young adult world today, there are many options. You must choose options that are best for you. Staying healthy will be influenced by how you chose to spend your time.

Activities involving drugs and alcohol can be avoided. Exercise and healthy forms entertainment can add pleasure to your life. Let's look at EXERCISE and how it can help you.

Questions:

1. What are the physical benefits of exercise ?
2. What are the effects of exercise on BODY TEMPERATURE?
3. What are the benefits of EXERCISE VERSUS INACTIVITY?
4. How does EXERCISE AFFECT DEGENERATIVE DISEASE ?
5. In what ways does the body ADAPT to exercise?
6. What should the main objective of an exercise program be ?
7. How is our ability to relax affected by the exercise we do ?

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Exercise

Exercise is physical exertion for the purpose of improving physical fitness or for the sake of enjoyment. The primary physiologic event in exercise is contraction of skeletal muscle, or so-called voluntary muscle; this requires the greatest activity of circulatory and respiratory functions.

When a muscle contracts, it compresses the blood vessels in it, but between contractions, flow in exercising muscle is increased as much as thirtyfold; thus, extra oxygen must be carried to active cells, and carbon dioxide away from them, at high rates. Contracting muscle cells, moreover, may increase total heat production 10 to 20 times and thus place severe demands on the mechanisms that regulate body temperature. These complex interrelationships between METABOLISM, the circulatory system, the respiratory system, and the nervous system present challenging problems for physiologists and physicians.

PHYSICAL BENEFITS

In view of the current vogue for jogging and other forms of exercise, it is first worth noting that one of the clear-cut benefits of exercise is psychological; persons who exercise regularly appear to feel better. There is also evidence that the person who exercises regularly reduces the risk of developing coronary heart disease. However, the benefit of exercise in the prevention of various cardiovascular diseases cannot be regarded as 100 percent conclusive.

The proved physical benefits of exercise have been observed in many studies of athletes. Trained athletes have a larger stroke volume and slower heart rate at rest than untrained persons, and they tend to have larger hearts. During exercise, their stroke volume and heart rate increase, but a given increase in cardiac output can be affected with a smaller increase in heart rate. The maximum possible increase in cardiac output is also greater in athletes, and there is an approximately threefold increase in the oxygen extraction (uptake of oxygen from arterial blood). The increased oxygen extraction permits the athlete to boost oxygen consumption in muscle as much as a hundred times.

These results, however, depend on the kind of exercise being pursued. Jogging and other endurance exercises are called aerobic (oxygen-using); they enhance the ability of muscle to use oxygen in producing energy-rich biochemicals. Endurance-trained muscle also oxidizes less carbohydrate and more fat than does untrained muscle. Weight-lifting, sprinting, and other exercises requiring brief spurts of intense effort, however, overload the metabolic reactions that supply oxygen to muscle. Other biochemical reactions are called into play, so such exercises are called anaerobic (occurring without oxygen). These exercises quickly build up compounds in the muscles that lead to fatigue and exhaustion. Although they improve muscle strength, they do not serve much purpose in terms of cardiovascular health.

BODY TEMPERATURE

Prolonged exertion markedly increases body temperature. Rectal temperatures of 41.1 deg C (106 deg F) are not uncommon in long-distance runners, and record-breaking performances have been made by athletes with postexercise temperatures in the high-fever range. An important question is, how does an athlete tolerate such body temperatures? When experimenters attempt to raise the rectal temperature of a resting individual to 40 deg C, the sweating mechanism vigorously resists. Thus dehydration and perhaps heat exhaustion may occur before this temperature is exceeded. Other data indicate that the rise of temperature with exercise is independent of environmental temperature, except at extreme ranges, but dependent on increased metabolism. These observations suggest that in exertion, as in fever, the body's heat-dissipating mechanisms are activated at a higher temperature. However, this issue is far from settled.

A second question concerns body temperature: does increased body temperature enhance physical performance? There is some evidence that skeletal muscle works more efficiently at temperatures above 37 deg C (98.6 deg F). A higher temperature lowers blood viscosity and may also slightly reduce the resistance to blood flow in the muscles. The diffusion of oxygen, carbon dioxide, and metabolites to and from tissues is likewise enhanced by temperature increases. Higher temperature, on the other hand, may be the athlete's worst enemy. A combination of high environmental temperature and elevated internal heat production may cause serious dehydration due to profuse sweating. If fluids are not replaced, shock may ensue and lead to physiological collapse.

EXERCISE VERSUS INACTIVITY

Whether exercise is necessary or not for health and well-being has been and still is a matter of considerable debate among scientists. Hereditary, environmental, and behavioral factors are intricately involved and difficult to isolate in the matrix of influences that have to do with developing and maintaining a general state of health and a sense of well-being in a given individual. By and large, however, the data speak clearly in favor of habitual exercise as a life-style component and against habitual physical inactivity.

In that respect, it is interesting to compare the individual differences in certain variables associated with morphological and physiological determinants of fitness and performance in athletes, sedentary individuals, and in sick or vulnerable persons. (See Table 1.) One can thus better understand the possible interactions between the individual's genotype and environmental factors. Current research indicates that the champion athlete not only has a high genetic endowment in terms of specific structural and physiological determinants of performance, but that he or she has also paid the high price of systematic and rigorous exercise and training in order to develop his or her potential and meet the demands of high performance.

In general, therefore, the long-term effects of exercise and training are the opposite of physical, physiological, and clinical phenomena occurring during physical inactivity and degenerative diseases.

EXERCISE AND DEGENERATIVE DISEASES

In North America, the principal cause of death is cardiovascular disease. Scientific research has unveiled a number of predisposing factors and has shown their relationships. Granted the predisposing factors associated with heredity, sex, and age, there is no doubt now that the following factors are indeed associated with a high risk of coronary heart disease: overweight and obesity, hypercholesterolemia and hypertriglyceridemia, hypertension, chronic exposure to stress, smoking, and physical inactivity.

ADAPTATION AND TRAINING

When the body is at rest and in a sitting position, BASAL METABOLISM consumes only about 250 or 300 ml of oxygen a minute. This value increases by a factor of 20 in, for example, an endurance runner or a cross-country skier performing at peak exertion, and oxygen consumption rises to more than 6 liters a minute. Since 1 liter of oxygen consumed corresponds to about 5 kilocalories of metabolic energy, the peak oxygen consumption implies an energy output of 1,500 to 1,800 kilo-calories an hour. In such circumstances, heavy demands are obviously also made on all body systems. Pulmonary ventilation may increase from less than 10 liters a minute to more than 150 liters a minute; the heart rate commonly increases by a factor of 3 (4 in athletes), that is, to rates around 190 beats a minute.

The stroke volume of the heart, the cardiac output, the peripheral resistance, the venous return, the buffer system of the blood, and an amazing matrix of metabolic and enzymatic reactions, in the blood as well as within the cells, all contribute to optimizing the strength and duration of muscular contraction. At the same time, homeostasis, or the state of the internal environment, is kept within the biological limits set for the species.

The most striking adaptations to exercise occur in the cardiovascular system. An average healthy individual who indulges in an exercise regimen designed to increase endurance will experience: decreased heart rate and systolic blood pressure, ventilation requirement, oxygen intake, and lactate-pyruvate production during submaximal effort; and an increase in maximal oxygen uptake of up to 40 percent of the initial value.

Additional benefits include an increase in capillarization of muscle; an increase in the diastolic (rest) period of the heart; an increase in arterio-venous oxygen difference at rest and in exercise; and a decrease in the daily work of the heart. Lowering the resting heart rate from, say, 75 to 65 beats a minute saves up to 100,000 beats a week.

Besides the obvious physiological benefits, exercise may also satisfy certain psychological and social needs. Many people exercise for health reasons, for emotional release, for social contacts, for the enjoyment of nature or of competition, or simply for the fun of it.

EXERCISE PROGRAMS

The main objective of an exercise program could be stated as the maintenance of an efficient oxygen-transport system. A field test based on running has been developed by Dr. Kenneth H. Cooper and permits comparison between individuals of the same age and sex.

The following are additional objectives.

Maintaining a Reasonable Amount of Body Fat

Experts are unanimous in their opinion that excess fat is not compatible with health. The percentage of body fat should not exceed 16 to 18 percent in men and 18 to 22 percent in women.

Muscle Tone

This implies muscle strength and endurance, particularly of the abdominal and back regions, which are the most vulnerable to flabbiness and fatty deposits in sedentary individuals.

Static and Dynamic Posture

A person who has habitually bad posture and whose pelvis and vertebral column are consequently positioned improperly can progressively lose mobility and decline in physical appearance.

Relaxation

> A person who exercises regularly is more likely to detect nervous tension and to take steps to alleviate it. Specific relaxation techniques can help one handle problems and stress more easily and effectively.

The nature, intensity, and duration of exercise and training are important aspects in optimizing the results. Mediocre forms of exercise that guarantee fast results in a few minutes or after a few training sessions are to be avoided. Unfortunately, no magic formulas can guarantee fitness. One gets what one trains for. Exercising at least three times a week at an intensity that is commensurate with a heart rate of 75 to 80 percent of the maximal heart rate for the age is considered a basic principle.

Exercise programs are available in schools, in the community, in business and industry, and in private organizations. Formulas have been designed for everyone, from the athlete to the overweight businessman with heart trouble. The exact nature and intensity of the program should, of course, be decided on an individual basis and if necessary with medical or other professional advice. An exercise regimen should be tailored to a person's age, sex, safety requirements, ambition, motivation, and perseverance.

Fernand Landry

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See also: SPORTS MEDICINE

LESSON: HDI11.9

GRADE LEVEL: 11
HEALTH

HEPATITIS

OBJECTIVE(S): To introduce students to hepatitis as a disorder

PHYSICAL SETTING: Classroom.

TEACHER INSTRUCTION: Teacher will answer questions and provide guidance

STUDENT ACTIVITY: Students will read and answer questions about content.

EVALUATION: Teacher may evaluate student work upon completion.

Created by: DEBRA DORRANCE -- 5/5/91

STUDENT WORKSHEET--

NAME________________________________

DATE________________________________

* READ THE MATERIAL PROVIDED ON HEPATITIS.
* ANSWER THE QUESTIONS THAT FOLLOW.

QUESTIONS : Complete the sentences.

1. Hepititis is a disorder____

2. Symptoms of hepatitis include ____

3. Hepatitis A is also called ____

4. Drug users often come down with ____

5. Mild cases of hepatitis are treated with __________________________________

READING

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hepatitis

{hep-uh-ty'-tis}

Hepatitis is a disorder involving inflammation of the liver. Symptoms include loss of appetite, dark urine, fatigue, and sometimes fever. The liver may become enlarged and jaundice may occur, giving the skin a yellow tinge. Hepatitis may be acute or chronic. The acute form can subside after about two months or, rarely, can result in liver failure. Chronic carriers are at risk of lasting liver disease.

Hepatitis A, once called infectious hepatitis, is the most common cause of acute hepatitis. Usually transmitted by food and water contaminated by human waste, such infections can reach epidemic proportions in unsanitary regions. In the United States, increasing numbers of drug abusers are coming down with this form of hepatitis.

Both hepatitis B and hepatitis non-A, non-B are spread mainly by blood or blood products, and type B is also known to be transmitted from mother to fetus and by intimate contact, including sexual intercourse. Type B virus is resistant to sterilization of instruments in hospitals, and it is also frequently seen in drug addicts who have shared needles. It often causes an initial episode of liver disease, unlike non-A, non-B, but both forms can lead to chronic hepatitis in a small percentage of cases. The non-A, non-B virus was known for may years but not isolated until 1988.

Another form of hepatitis, called delta hepatitis, has been recognized in recent years. Caused by a very small virus that cannot replicate on its own, it requires the presence of the hepatitis B virus. First identified in 1977, the virus has since been characterized as a retrovirus. Delta hepatitis can become chronic.

Acute hepatitis may arise secondary to various infections that involve the liver. It can also occur through ingestion of carbon tetrachloride, the poisonous mushroom Amanita phalloides, arsenic, and certain drugs, including sulfonamides. Mild hepatitis can be caused by two forms of herpes virus, cytomegalovirus and Epstein-Barr virus.

Mild cases of acute hepatitis are treated with bed rest but no drug therapy. In forms involving extensive liver damage, blood-exchange transfusions may be necessary. Chronic hepatitis leads to cirrhosis and liver damage. Type B virus and certain drugs cause a small percentage of cases, but the cause of most occurrences is unknown; delta virus may be responsible for some of the relapses observed in patients with chronic active hepatitis. Type B infections have also been linked with a form of liver cancer called hepatocellular carcinoma, particularly in Asia and Africa. Of those contracting chronic hepatitis, most are women under the age of 45. Steroids are used to treat certain cases of chronic hepatitis of nonviral origin, but their prolonged use in treating hepatitis B is not effective and may even hasten liver damage.

In the 1970s, Baruch S. Blumberg developed a diagnostic test for type B hepatitis, and in 1981 a gene-splicing technique was used successfully to determine certain other viral types. A plasma-derived vaccine for type B virus was licensed in 1981, and a vaccine produced from yeast cells by genetic engineering was licensed in 1986. Both remain costly, but a more recent vaccine produced from animal cells by genetic engineering may prove less expensive.

ROBERT D. SPARKS, M.D.

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LESSON: HDI11.7

GRADE LEVEL: 11
HEALTH

TOXICOLOGY (POISONS)

OBJECTIVE(S):	Students will be introduced to the science of toxicology.
PHYSICAL SETTING:	Individual or class setting
TEACHER INSTRUCTION:	Teacher will be a resource for students with questions.
STUDENT ACTIVITY:	Students will generate a list of "toxic" activities and substances in their environment.
MATERIALS:	Magazines, items from supermarkets, empty packages, other useful items
EVALUATION:	Project may be evaluated by teacher and should be displayed in classroom or school.

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STUDENT WORKSHEET:

NAME____

DATE_________________________

Read THE FOLLOWING ARTICLE ABOUT TOXICOLOGY.

Think ABOUT THE THINGS IN YOUR LIFE THAT COULD BE CONSIDERED TOXIC.

Create A POSTER (2 OR 3 DIMENSIONAL) TO DISPLAY IN YOUR SCHOOL.

Hint: TOXIC THINGS IN YOUR ENVIRONMENT COULD BE

* THOSE THINGS THAT ARE ENVIRONMENTALLY UNSOUND
* PRODUCTS THAT ARE ARTIFICIAL AND NOT NATURAL
* DRUGS OR ALCOHOL
* DIET PRODUCTS
* PRODUCTS THAT ARE MISUSED (GLUE FOR SNIFFING)
* AIR POLLUTANTS
* PORNOGRAPHY SOLD TO MINORS?
* EXPLICIT SEX MAGAZINES
* WHAT ELSE ???

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toxicology

Toxicology is the science of poisons, including not only their physical and chemical effects but also their detection and antidotes. Toxicity is the ability of a substance to produce injury upon reaching a susceptible site in or on the body.

Substances are ranked according to a system of toxicity ratings used to indicate their relative hazard: unknown, given to substances for which insufficient toxicity data are available; no toxicity, given to materials that cause no harm under conditions of normal use or that produce toxic effects only because of overwhelming dosages or unusual conditions; slight toxicity, given to materials that produce only slight effects on the skin or mucous membranes or other organs of the body from either a single exposure (acute) or repeated exposure (chronic); moderate toxicity, given to materials producing moderate effects on the skin or mucous membranes or other organs of the body from either acute or chronic exposure; and severe toxicity, given to materials that threaten life or cause permanent physical impairment or disfigurement from either acute or chronic exposure.

The level of dosage and the period of time over which the dosage occurs determines the effect of a substance on an organism. In fact, normally safe substances such as salt and water can cause illness or even death if consumed in sufficient amounts. Even recognized poisons differ from each other in toxicity by factors as great as 10 billion. The study of toxic effects within the body is aided by the study of the biochemicals called porphyrins, whose ratios can serve as markers for some kinds of toxic metals and chemicals.

LH followed by a subscript number 50 is the most common notation describing toxic level: a statistical estimate of the dosage required to kill 50 percent of an indefinite population of test animals. ED followed by a subscript number of 50 is the more general notation and is used to describe the median effective dosage required to produce a specified effect in 50 percent of the population; such an effect, for example, may be tumor production or inhibition of enzyme production. Other factors in determining toxicity besides compound identity and dosage include exposure route, physical nature of the toxicant, temperature, humidity, condition of the subject, and the synergistic effect of the toxicant with other substances.

The determination of the toxicity and dosage of a substance involves administration of the substance to isolated living tissues, cells, and laboratory animals such as rats, guinea pigs, horses, sheep, pigs, and chickens. In acute studies the animals are given a single administration of the substance; in chronic studies the substance is given over a prolonged period. Normally no testing is performed on human volunteers until animal studies are completed and the results evaluated.

A tremendous number of substances can act as poisons, and an organism can be exposed to these substances by various routes. As a result, toxicology has branched into several specialized areas, including economic toxicology, concerned with chemicals used in food additives, cosmetics, pesticides, and drugs; forensic toxicology, involving the medical and legal aspects of poisonous materials when death or severe injury is the result of their use; industrial toxicology, in which the effects of chemical pollutants in the air or water of the working environment are evaluated; and environmental toxicology, which is the evaluation of the synergistic effects of chemicals in the environment.

The chemical and pharmaceutical industry has developed a vast number of chemical compounds that are capable of both potential injury and tremendous benefit. Many beneficial drugs are poisonous if the dosage is excessive or the substance is abused. In general, however, the usefulness of these compounds administered properly far outweighs occasional problems that result from improper use.

Government regulations of the pharmaceutical and chemical industry are based upon the results of toxicological investigations of the effects of drugs or chemicals. The ban on cyclamates in soft drinks, for instance, and the concern over the use of saccharin resulted from toxicological evaluations of the effects of these compounds on laboratory animals.

Thomas Concannon

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LESSON: HDI11.6

GRADE LEVEL: 11
HEALTH

SUICIDE STATISTICS

OBJECTIVE(S):	Students will be introduced to some statistics concerning suicide.
PHYSICAL SETTING:	Classroom setting. Preferrably with an adult who has some experience discussing suicide.
TEACHER INSTRUCTION:	It is important to stay sensitive to the difficulties some may have with this issue.
STUDENT ACTIVITY:	Discussion
PREPARATION/MATERIALS:	Prior exposure to the topic and awareness of agencies in the community to turn to in need
EQUIPMENT:	Some films are available on the subject from local libraries, organizations.
PROCEDURE:	Have students Read the following questions. Read the article attached. In groups, with an adult supervising, discuss the questions.
EVALUATION:	Did the lesson work well? Was it discussed at an appropriate time?

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DISCUSSION QUESTIONS:

1. Analysts agree that
culture,
personality, and the
individual situation

are important influences on the tendancy to commit suicide. Place the above three "influences" in order from 1-3, with 1 being the strongest influence and three being the weakest influence.

2. Summarize the PERSONALITY THEORY.

3. What role does society play in "suicide"?

4. List ten SITUATIONAL factors that you feel could influence a person's decision to commit suicide.

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suicide

Suicide is the intentional taking of one's own life. Some forms are direct, such as shooting oneself. Other forms are indirect, such as refusing to take actions necessary for self-preservation. Researchers have found that some indirect suicides even take the form of homicide-suicide, in which an individual arranges to be killed by someone else, generally because the person cannot do it or feels that it would be immoral if he or she did it but moral if someone else did. One of the major news events of 1977 in the United States was the attempt by the convicted murderer Gary Mark Gilmore to have the state of Utah execute him. Gilmore tried to kill himself when it seemed that the state might not, but his own attempt failed, and ultimately the state executed him by firing squad. Officially, the cause of death was execution by shooting; yet many feel that this was also an indirect suicide.

Societal Differences

During the 19th century social researchers commonly believed suicide to be a "disease of civilization." Suicide seemed to be increasing in modern societies and absent in more primitive cultures. Anthropologists now believe that suicides occur in virtually all societies, although rates of suicide vary considerably from one society to another. In some cultures, notably Japan, traditional values have encouraged suicide in certain situations. HARA-KIRI (also known as seppuku) traditionally was a highly valued form of suicide that was committed to avoid overwhelming shame, such as would be incurred after an act of disloyalty or a defeat.

Some analysts have suggested that certain individuals may be born with a greater tendency to depression and thereby a greater inclination toward suicide. Even these analysts agree, however, that culture, personality, and the individual situation are important influences on the tendency to commit suicide. Such factors help to explain why various societies and subgroups have such widely varying official rates of suicide. Incomplete 1984 data for Europe showed 57.5 suicides per 100,000 persons in Denmark compared with only 17.9 in Britain. In the United States--with a rate in 1970 of 11.8 and in 1985 of 11.5--more men commit suicide than women, and more older people than young people. During the 1980s, however, teenage suicide was a public concern, the rate having risen threefold in 30 years, to 12.9 (1985) for those in the 15-24 age group. An unknown additional number of teenage suicides are recorded as accidental deaths. Clusters of suicides among teenagers created local and national concern in the late 1980s.

Statistical Problems

Studies made of the different methods used to construct official suicide rates show that much of the variation in suicide rate can be accounted for by the way the statistics are collected. Another factor is the degree to which a society attaches a moral stigma to suicide. For example, Roman Catholic nations traditionally tend to have low suicide rates largely because the church views suicide as a sin and normally excludes those who kill themselves from a Christian burial. It is easy to see that this outlook gives everyone concerned--including the victim, the family, the friends, and even the clergy--an incentive to make the suicide appear to have been an accident or even a murder. By contrast, in most Protestant northern European societies, where the attitude is different, official suicide rates tend to be considerably higher.

Inconsistencies associated with official statistics should not, however, lead to the conclusion that there are no real differences in suicide rates among groups or countries. In fact, a great deal is still to be learned about the ways in which different kinds of social life affect the tendency to commit suicide.

TYPES OF SUICIDE

Several clearly differentiated types of suicide exist in Western society. One of the most common is the accident suicide. These are deaths that appear to be accidents but that raise questions as to whether the victim intended to die by the act that killed him or her or perhaps even to commit the act at all. The death of the movie star Marilyn Monroe in 1962 is probably the most famous example. Although an autopsy showed that her death was caused by an overdose of barbiturates, investigators could not determine whether Monroe intended to take a lethal dose. The question centered on the fact that people who take barbiturates sometimes become so drowsy that they are not conscious of how many they have taken; they may also be unaware of the level of dosage that becomes dangerous. Still more commonly, people do not realize that taking other drugs, such as alcohol, at the same time can greatly increase the risk of a fatal overdose.

Another common form of suicide is the escape suicide. Diaries and other evidence about the thinking of people committing suicide reveal that they commonly consider their death as a "passing on to another world," or "going to God," or simply "escaping this world." Researchers have found that suicide notes almost always read as if their authors believe that they will still be able to witness what happens to them after they are dead. This suggests that these individuals do not think of themselves as dying when they commit suicide--merely that they will be living in a different way or in some other world.

Revenge suicide is another important type. Suicide notes often contain such statements as "Now you'll be sorry for what you did" and even "It's all your fault!" The writers intend to make others feel guilty and responsible for their deaths. Revenge suicides are also calculated to force others to blame the person "responsible" for the suicide and to feel sympathy for the "victim," making the target of the blame feel all the more guilty. This form of revenge apparently does work in many cases. Studies have shown that even psychiatrists who deal with suicidal patients often feel guilt when patients kill themselves. Parents, lovers, and others close to suicide victims are far more likely to feel that way.

EXPLANATORY THEORIES

Researchers have advanced a number of theories in the effort to explain the causes of suicide. Psychological theories stress personality and cognitive factors. Sociological theories stress social and cultural factors.

The Personality Theory

One of the major psychological theories of suicide is the personality theory, which attempts to explain suicide on the basis of differences between the suicidal person and nonsuicidal people. Motivations are the most frequently cited differences, and the desire to escape depression is the most frequently cited motivation. Numerous studies have shown that depression is extremely common among people who commit suicide. Disagreement exists, however, on whether the depression results from events outside the person, especially a social situation leading to loneliness or failure, or is organic in origin.

Some individuals, especially those who believe that they are going to "another world," seem to overcome their depression and even to feel elation just before the suicide, probably because they feel that they have found a solution to the situation causing their depression. This belief that suicide constitutes a solution suggests another personality factor that may be extremely important in some cases: the victim's ideas, beliefs, and ways of thinking. It appears that the way people think about their problems can produce a greater or lesser tendency to depression and suicide. For example, some individuals feel more encapsulated, or closed in, by their immediate situations than do others. When something goes wrong they tend to feel that "This is the end of everything," whereas someone else facing the same situation might feel "Oh well, you win some, you lose some." According to one psychological view, some people have "basic optimism" and others have "basic pessimism," and this pessimism may be a deciding factor in some suicides.

Society's Role

Sociological theories of suicide usually emphasize the importance of either the social structure or the social situations individuals face. Early writers on the subject, notably the French sociologist Emile Durkheim, tried to explain the variations in suicide rates among societies as the result of differences in social structure. Social structure includes both the shared values of a society and the patterns of actions that supposedly determine whether people act in accord with or deviate from social values. Thus if a society has values or rules that support suicide, then it should have higher rates than a society with values antithetical to suicide; the patterns of rule enforcement, however, will also be important. Although traditional Japanese society maintains values favorable to suicide, many people will choose life instead of suicide if those values are not effectively enforced.

Durkheim argued that because all Western societies have negative attitudes toward suicide, it is the structure of rule enforcement that makes all the difference. He tried to show that the more involved or integrated a person is in society, the more effective the rule enforcement will be on him or her and the less his or her behavior will deviate from the norm. Unmarried persons without children or friends will be the most likely to commit suicide, Durkheim argued, because no one is likely to be present in their environment to enforce the rules. He argued that the less involved or less integrated the individual, the more self-absorbed, or egoistic, the individual will be; Durkheim considered this "egoism" central to suicide in Western societies. Much sociological work on suicide still takes the Durkheimian structural approach.

Situational Factors

The approach taken by a number of recent sociologists, however, lies midway between the psychological and structural approaches. They have attempted to show that suicide can best be explained by looking at the changes that take place in people's situations and the differing interpretations they give to those changes. A particular situation, such as losing one's job, may be caused by such general social factors as an economic recession that leads to layoffs. Unemployed people may be more likely to commit suicide; it is obvious, however, that only a tiny percentage of people interpret their unemployment as a desperate situation. The interpretation given to such a situation may be partly a result of personality differences--basic optimism or basic pessimism--but may also result from complex social interactions among the people involved in the concrete situation. For example, a person who loses a job may see it as merely a temporary setback, but a spouse's reaction of blaming that person for the loss may change the situation radically, perhaps making the individual feel shame and leading him or her to a suicide motivated by the desire for escape or revenge--or perhaps some even more complex combination of motives. Current research and thinking on suicide seem to emphasize a holistic approach--that is, one that views biological, psychological, social-structural, and social-situational factors as interacting with each other.

Jack D. Douglas

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VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI11.11

GRADE LEVEL: 11
SCIENCE/HEALTH/
COMMUNICATION ARTS

BIOPHARMACEUTICALS

PURPOSE: Student will use information provided on biopharmaceuticals in conjunction with supplemental information to write and present an oral presentation.

SETTING: Classroom or any setting with an audience.

ACTIVITY: Students reading, researching and making oral presentation

MATERIALS: Access to library or other source of information
Audience

EVALUATION: Evaluation of oral presentation.

Created by: DEBRA DORRANCE -- 9/30/91

STUDENT WORK SHEET:

* Your task is to put together a presentation focusing on biopharmaceuticals.
You are to emphasize...
  - the reason they are used
  - proper use of them
  - their benefits
  - their future uses

*You should consult two (2) outside sources in addition to the material provided here for your presentation.

List the two other sources here:

1.

2.

****

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BIOPHARMACEUTICALS

Biopharmaceuticals are drugs that exactly duplicate the actions of compounds that occur naturally in the body. They work mainly by exerting toxic effects on abnormal cells, by stimulating specific cells to attack abnormal ones, or by taking over the functions of compounds that are absent or deficient in the body. Their major advantage over other types of drugs is the specificity of their action, thus avoiding many problems of side effects. They are produced by cloning or by the chemical synthesis of proteins. The industry began in the mid-1970s as an outgrowth of recombinant-DNA technology (see Genetic Engineering) and other advances in chemical and analytical techniques.

The chief application of biopharmaceuticals thus far has been in cancer treatment. Thus Interferon--the first such successful drug to be genetically engineered--kills certain types of cancer cells and some viruses. Cellular hormones known as interleukins, lymphotoxins, and tumor necrosis factor may also be used to treat cancers and immune deficiency diseases, and monoclonal antibodies can stimulate specific cells to destroy cancer cells or to deliver toxins or radioisotopes to such cells alone. Many other conditions, however, may also benefit from biopharmaceutical research. For example, a synthetic analog of thyrotropin-releasing hormone has proved effective in preventing paralysis after spinal-cord injuries, and superoxide dismutase may become useful in preventing damage to tissues deprived of oxygen. In addition, drugs are being developed and tested for use against emphysema, congestive heart failure, ulcers, and atherosclerosis.

William A. Check

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LESSON: HDI11.12

GRADE LEVEL: 11
SCIENCE/HEALTH

HEADACHES

OBJECTIVE(S): Students will be introduced to the drug-free alternatives to taking "drugs" to rid themselves of the common headache.

ACTIVITY: Student reading, answering questions and formulating opinions

MATERIALS: The Reading Material (next page) and Student Work Sheet

PROCEDURE: Have students read the following and then complete the worksheet.

EVALUATION: Evaluation of student work sheet.

Created by: DEBRA DORRANCE -- 9/30/91

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headache

{hed'-ayk}

Pain that spreads over various parts of the head is called a headache, or cephalalgia. It is one of humankind's most common afflictions; an estimated 42 million Americans seek medical help for this problem every year, and about $500 million is spent annually on headache remedies in the United States alone.

Physicians have treated headache in various ways throughout history. As long ago as 5000 BC, the Chinese used Acupuncture to relieve head pain. The Greek physician Galen (c.130-c.200) wrote about headache in his treatise Maintaining Good Health; following his lead, Roman and medieval physicians used cathartics and bloodletting to treat headache. The pre-Columbian Incas of Peru drilled holes in the skull to release the evil spirits that they believed to be at the root of the problem. Today headache is mostly treated with a wide variety of drugs.

Most headaches are caused not by organic disease but by fatigue, emotional disorders, or allergies. Intermittent tension headaches are caused by worry, anxiety, overwork, or inadequate ventilation. The most common type--a chronic tension headache--is caused by depression. Only about 2% of all headaches result from organic disorders, including diseases of the eye, ear, nose, throat, and sinuses; brain tumors; hypertension; and aneurysm (the dilation, or ballooning, of an artery, brought about by a weakness in the arterial wall).

Brain tissue itself is insensitive to pain, as is the bony covering of the brain (the cranium). Headache pain results from the stimulation of such pain-sensitive structures as the membranous linings of the brain (the meninges) and the nerves of the cranium and upper neck. This stimulation can be produced by inflammation, by the dilation of normal or abnormal blood vessels of the head, or by muscle spasms in the neck and head. Headaches brought on by muscle spasms are classified as tension headaches; those caused by the dilation of blood vessels are called vascular headaches.

TENSION HEADACHES

Almost 90% of all persons seeking medical help for headaches suffer from tension headaches. These are characterized by a diffuse ache that either spreads over the entire head or feels like a tight headband. Tension headache pain is usually chronic, sometimes lasting for years. It does not respond to simple analgesics and is usually associated with poor sleep, characterized by frequent and early awakening. Most chronic tension headaches are physical symptoms of depression, although some may be caused by other kinds of emotional problems. Headaches caused by depression are often treated with antidepressant drugs; some such cases have to be treated through psychotherapy, as do cases involving other emotional disorders. Biofeedback has also been used recently to teach tension headache patients how to prevent the muscle spasms that bring on their pain.

VASCULAR HEADACHE

The two most common types of vascular headache are migraine and cluster headaches. About 8% of all headaches treated by the average physician are migraine or one of its variants; some 8-12 million Americans suffer from migraine. Studies suggest that overachievers--people who feel compelled to excel in all pursuits--are especially susceptible to migraine. Thomas Jefferson, Sigmund Freud, Ulysses S. Grant, Karl Marx, Charles Darwin, Lewis Carroll, and Virginia Woolf are all reputed to have suffered from it.

About 60% of all migraine sufferers are women. Attacks can occur in early childhood, but most patients first develop symptoms between the ages of 10 and 30. In approximately 30% of all cases, migraine attacks are preceded by warning signs such as blind spots, zigzag flashing lights, numbness in parts of the body, and distorted visual images. Lewis Carroll's attacks, for example, were preceded by images of his famous character Alice.

Migraine pain almost always occurs on only one side of the head and is usually accompanied by nausea. Many things seem capable of triggering migraine attacks, including stress; fatigue; changes in the weather; fasting; menstruation; drugs such as birth control pills, which contain estrogen; and foods such as cheese, alcohol, and chocolate, which contain the amino acid tyramine. Many migraine patients have family histories of the problem. Various drugs can reduce the severity and frequency of attacks in many cases; most attacks can be prevented or treated by the drug ergotamine tartrate.

Cluster headaches most often occur in males. Such headaches, which are also known as migrainous neuralgia, Horton's histamine headache, and erythromelalgia of the head, produce short, severe attacks of pain centered over one eye. These attacks may recur in clusters, many times a day, for several months. Spontaneous remissions often occur, but the pain usually returns months or years later. Researchers suspect that cluster headaches may be caused by a disorder in histamine metabolism, since they are usually accompanied by allergy symptoms such as tearing, nasal congestion, and a runny nose. Most patients can be satisfactorily treated, but there is no known cure. SEYMOUR DIAMOND, M.D.

Bibliography: Diamond, Seymour, and Dalessio, Donald, The Practicing Physician's Approach to Headache, 2d ed. (1978); Diamond, Seymour, and Furlong, William, More Than Two Aspirin: Hope for Your Headache Problem (1976); Freese, Arthur, Headaches: The Kinds and the Cures (1974); Sacks, Oliver, Migraine: Understanding a Common Disorder (1986).

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ON A SEPARATE PIECE OF PAPER, ANSWER THE FOLLOWING QUESTIONS:

1. What is another name for a headache?

2. Physicians have treated headaches in many ways. List the ways the following groups of people have treated headaches over the years:

   A. CHINESE:
   B. GREEKS:
   C. ROMANS:

3. How are most headaches caused?

4. What are the two most common types of vascular headaches?

5. Name as many medical treatments for headaches as you can.

6. Name as many drug-free treatments for th headache as you can.

7. Name the drug-free way you would treat a headache.

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI11.13

GRADE LEVEL: 11
INTEGRATED & SOCIAL STUDIES

ETHICS

PURPOSE: Students will take a stance and debate "medical ethics".

SETTING: Area in which group discussion can be held.
Teacher will moderate discussion.

ACTIVITY: Students will read the following article, formulate arguments for debate and then hold group debate

MATERIALS: Students may need other reading material prior to debating the issue at hand.

EVALUATION: Teacher will evaluate debate and the strength of the arguments posed.

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STUDENT WORK SHEET:

1. You will :
    - Do the reading
    - Formulate an argument for debate
    - Take part in a group debate

2. The class will be divided into groups.
   Each issue must have a group "pro" and "con" the issue.

   The issues are as follows:
   a. Pro euthanasia / anti euthanasia
   b. Pro biogenetics / anti biogenetics
   c. Pro behavior modification / anti behavior modification
   d. Pro human experimentation / anti human experimentation

3. Teacher will direct students to present their issue.

   The "pro" group should be presented before the "anti" group.

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ETHICS, MEDICAL

Medical ethics is a branch of the philosophy of ethics and deals with moral decisions in medicine. Rapid progress in the medical application of basic biological knowledge has necessitated the ethical questioning of certain present-day and imminent medical practices. Professional codes of ethics may be insufficient to cope with the prospect of prolonging life through extraordinary technologies, the promise of prenatal diagnosis of genetic defects, the potential programming of human behavior, or the perceived necessity of research with human subjects.

The Hippocratic Oath, with its rules of conduct for physicians, may require extension and augmentation to include ethical theories developed to suit difficult medical situations. Present medical technology has created many situations with conflicting alternatives, each of which represents some degree of "good." Euthanasia and prolonged care on life-support systems are examples of such alternatives.

PROLONGING LIFE AND EUTHANASIA.

Extraordinary lifesaving technologies include mechanical respiration, kidney dialysis, and organ transplant. Since these technologies require sophisticated equipment and highly trained specialists, they cannot be used in every medical situation that might demand them. Decisions on their allocation may depend on consideration of personal and family consequences, potential contributions to society of the affected individual, significance to scientific research, and other factors. Many hospitals have established committees to deal with these decisions.

Closely related to allocation of lifesaving technologies is the question of terminating extraordinary treatment of so-called hopeless cases, or euthanasia. Hopeless is, of course, a relative measure, its appropriateness dependent on advances in medical knowledge.

Voluntary euthanasia is requested by the affected individual, either verbally or in writing, as in a living will. Involuntary euthanasia is implemented by the family or attending physician because the patient is incapable of requesting it. Passive euthanasia is the withholding of extraordinary life-prolonging measures such as antibiotics for a secondary infection. Active euthanasia is direct action, such as the injection of a lethal dose of a drug.

The ethical values of each party differ, and a process of cooperative decision-making may be required. Philosophical problems with euthanasia include the question of whether there really is a morally significant difference between active and passive euthanasia, and whether a patient taking pain-killing drugs is competent to decide to end his or her life.

THE FETUS AND NEWBORN.

In prenatal diagnosis, the option of therapeutic abortion is offered, if genetic defects are detected. The ethics of abortion, which was legalized by a 1973 Supreme Court decision, may be complicated by questions such as the permissibility of aborting a fetus solely because it is of an undesired sex, or because other genetic traits that are discovered through screening may be unwanted. Physicians engaged in genetic counseling often must deal with these questions.

Equally pressing are the issues that arise with the birth of severely defective infants. As with life prolongation for the adult, there are sophisticated technologies for keeping alive extremely premature or damaged newborn babies. The high financial costs of such technologies, and the often high social costs that may result (many infants who are saved by these radical techniques will be retarded or physically disabled in later life), may persuade both parents and doctors to withhold treatment and let the infants die. In 1982 the Indiana Supreme Court ruled that the parents of a severely defective infant had the right to refuse treatment for their son. On the other hand, the federal government has warned that hospitals denying care to such infants could lose federal financial aid.

In early 1983 a presidential commission released its findings on the subject of prolonging life, both for the adult and the infant. In general, the commission felt that a competent patient (one who is capable of understanding his or her illness and its probable consequences) should have the right to ask for termination of treatment, if the treatment has no other effect than to prolong life. Relatives should be allowed to make termination decisions for incompetent patients. On the other hand, treatment should not be withheld from defective infants, regardless of their parents' wishes; if the infant is saved, however, society should be prepared to provide humane care throughout its life.

BIOGENETICS.

Another issue raised by advances in biogenetic technology is the ethics of genetic screening of selected groups of people in order to identify those with undesirable genes. Such screening has already been attempted within the chemical industry, where it was postulated that workers with certain genetic patterns might be at greater risk of developing occupational diseases. When it carried out genetic testing, the industry was accused of attempting to place the blame for disease on its victims rather than on the industry's own practices. In addition, large-scale genetic screening could prove to be fundamentally antiegalitarian, separating out certain groups of people solely in terms of their racial or ethnic genetic heritage.

Related to genetic screening is the technology of constructing recombinant DNA (deoxyribonucleic acid) molecules. Strands of DNA from different sources can be severed, leaving sticky ends that permit joining of segments in novel combinations. Since DNA contains the coded genetic information, such recombinant DNA molecules would allow the engineering of genetically unique organisms. It is likely that ways will be found to correct human genetic defects with recombinant

DNA. The ethical questions center on the growing ability to control evolution. Questions relating to the potential construction of new pathogenic organisms against which no natural defenses exist have prompted the development of a set of safety guidelines for scientists engaged in recombinant DNA research.

BEHAVIOR MODIFICATION.

Implantation of electrodes in the brain and administration of psychoactive drugs may be considered reversible mechanisms of behavior control, while psychosurgery is an irreversible mechanism.

Frontal lobotomy surgically disrupts pathways between the frontal lobes of the brain and midbrain, and such surgery has been used in attempts to control abnormal behavior of at least 50,000 individuals in the United States.

Other less drastic procedures sever connections between more discrete parts of the brain or destroy only defined areas. Since they may place strict limitations on individual freedom, continuation of the practices of psychosurgery and of psychoactive drug therapy must be examined carefully from an ethical viewpoint.

HUMAN EXPERIMENTATION.

Experimentation on human subjects may be the last stage prior to general usage of a new drug or medical procedure. Informed consent from the subjects must be obtained by law. In cases involving highly esoteric research, however, truly informed consent may be difficult to obtain. The values of the research in relation to potential hazards to the subjects should be determined in a sensitive and consciously ethical manner.

The use of placebos in medical experimentation has not been questioned, but their routine use by doctors in private practice has recently become an issue. A placebo is often prescribed because no organic cause for the illness has been found, and--it is believed--the placebo will have an ameliorating psychological effect. Authorities estimate that 35% to 45% of all prescriptions are in essence placebos. Many of these are drugs that are considered ineffective by the Food and Drug Administration, or are active drugs (antibiotics, for example) that are prescribed simply for their placebo effect. Many have undesirable side effects.

Those physicians who use placebos argue that the end, curing the patient, takes precedence over the means: in this case, the deception of the patient. Others feel that the use of placebos reinforces a patient's belief that there is a pill for every illness establishes a dishonest relationship between patient and doctor, and violates the basic medical requirement for informed consent on the part of the patient.

According to the principles of medical ethics set forth by the American Medical Association, physicians should serve humans with full respect for their dignity and gain the confidence of their patients. A physician should also honor the rules of the profession and expose those who do not follow the high standards of conduct.

David W. Towle

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Brody, Howard, Ethical Decisions in Medicine (1976); Gorovitz, Samuel, The Moral Problem in Medicine (1976); Kieffer, George H., Bioethics (1979); Lander, Louise, Defective Medicine (1978); Stein, Jane J., Making Medical Choices (1978); Van Den Berg, Jan H., Medical Ethics and Medical Power (1978).

LESSON: HDI11.3

GRADE LEVEL: 11
GUIDANCE

CHEMICAL DEPENDENCY IN THE HOME

PURPOSE: To make students aware of the stages a family may move through when a family member becomes a victim of alcoholism or another drug addiction.

ACTIVITY: This sheet is to be used as a resource for family members seeking help.

MATERIALS: List of community service organizations that provide drug counseling and guidance

PROCEDURE: Make a copy of the

... CHEMICAL DEPENDENCY IN THE FAMILY ... WORKSHEET. (starts following page)

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CHEMICAL DEPENDENCY IN THE FAMILY

When a family member becomes a victim of alcoholism or another drug addiction, the rest of the family tends to react in predictable ways. They may move through any or all of the following stages:

STAGE 1: DENIAL

Family members deny there is a problem; nonetheless, they try to hide the problem from themselves and others. The family feels embarrassed, and becomes concerned with its reputation. Family members accept the chemically dependent person's excuses for excessive drug behavior and make excuses themselves. Relationships in the family become strained, and members try to create the "perfect family" illusion.

STAGE 2: HOME TREATMENT

Everyone tries to control the chemically dependent person's drug use, in a variety of ways- eliminating the supply of drugs, nagging, threatening, etc. The family becomes socially isolated, and members feel themselves to blame. Low self-worth mounts as they fail to control the dependent family member.

STAGE 3: CHAOS AND DISORGANIZATION

A crisis occurs as a direct result of the dependent person's use of drugs, and the disease can no longer be denied or hidden. The family feels helpless, children become confused and frightened, family violence may occur, financial difficulties may become pressing, and the family may seek outside help, with a desire for a magic solution.

STAGE 4: REORGANIZATION

The family attempts to reorganize by easing the dependent person out of her/his family role and responsibilities. The dependent person is either ignored or treated like a child, and other family members remain torn with conflicting emotions- love, fear, guilt, anger, shame, and resentment.

Within this framework, family members- particularly children- develop certain roles which enable them to survive. Some of these roles are :

1. CHIEF ENABLER.

Chief enablers assume primary responsibility for protecting the chemically dependent person and the other family members from the harmful consequences of the addiction. Chief enabler behavior includes lying about work or school absenteeism, covering financial debts, and making excuses for inappropriate actions.

2. FAMILY HERO

Family heroes assume responsibility for providing the family with self-worth. They often take on the role of family counselor, and are usually high achievers. Family heroes strive to be A students, participate in extracurricular activities, and appear to be extremely independent. Their feelings of self-worth, fear, and loneliness conflict with their apparently successful behaviors.

3. FAMILY SCAPEGOAT

Family scapegoats cannot compete with family heroes, so they try to get attention by becoming troublemakers. The family then often directs its hostilities toward the family scapegoat, thus diverting the attention away from the real problem of chemical dependence. Family scapegoats soon become estranged from their families, develop strong peer group attachments, and often become chemically dependent themselves.

4. LOST CHILD

Lost children try to escape the family's crises by withdrawing. This withdrawal is often characterized by a retreat into a fantasy world of books or television. Family members appreciate the lost child, who doesn't cause any trouble; thus they reinforce the behavior. Lost children often become emotionally attached to a material possession that they can trust will always be there.

5. FAMILY MASCOT

Family mascots use humor and clowning to attract attention and also to distract the family from their problems. Family mascots can be hyperactive, and become accustomed to being the center of attention. When this attention is not forthcoming, they usually feel a loss of self-worth.

THESE ROLES ARE OFTEN ASSUMED throughout life, as long as survival is maintained. Children having grown up with a chemically dependent family member may end up interacting with their peers and then their own children in patterns similar to those in their former home life. The person usually requires outside help to break the pattern.

* from HERE'S LOOKING AT YOU, 2000

LESSON: HDI11.2

GRADE LEVEL: 11
GUIDANCE

SIGNS OF SUICIDE

PURPOSE: To provide a help sheet for student who are in need of information concerning suicide.

MATERIALS: Make copies of this sheet available to students.

ACTIVITY: At some time you may have to deal with the issue of suicide. IN NO WAY SHOULD YOU ACCEPT WORKING RESPONSIBILITY FOR WORKING WITH SOMEONE WHO MAY BE A POTENTIAL SUICIDE VICTIM. Instead, you should get the person to help in any way you can.

PROCEDURE:

1) If used as a class activity, or on a one to one basis in a counselling situation, follow the procedure that follows.

2) Explain that a suicidal person generally feels:

helpless- no ability or control to solve her/his problems
hopeless- things can't get better
joyless- experiences no pleasures from life
confused- too much to deal with that can't be objective

3) The suicidal person may also give specific behavioral or verbal messages:

Behavioral messages......

previous attempts at suicide
giving away a valued possession
buying a gun
putting personal affairs in order as though planning a long journey
inquiring about donating body to science
planning own funeral
composing a will
composing a suicide note
sudden recovery from a depression
sudden behavior change
sudden resignation from groups
crying without apparent reason

Verbal Messages..........

"I'm going to kill myself."
"I wish I were dead."
"My family would be better off without me."
"No one cares about me anymore."
"No one needs me anymore."
"I can't go on any longer."
"You won't have to bother with me any more."
"Life means nothing to me anymore."

NOTE: After giving a verbal message, the person may say he/she was kidding. Ask, "Are you really feeling that way?"

And, always consult a professional for further information.

SUGGESTIONS: Find someone in your community to come and talk to your students about suicide, BEFORE IT HAPPENS !!!

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VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI11.4

GRADE LEVEL: 11
GUIDANCE/HEALTH

EMOTIONS GO ROUND AND ROUND
FEELINGS AND DECISIONS

PURPOSE: Students will identify their feelings about a variety of drug related issues.

Students will become aware of the negative aspects of making decisions while experiencing strong emotions.

ACTIVITY: Students will practice making decisions.

Students will make a feeling wheel.

MATERIALS:
Cardboard
8½ x 11 paper
Scissors
Markers
Paper fasteners
Circle pattern (coffee cans work well)

PROCEDURE:

1. Explain to students that we often deal with complex issues without stopping to reflect on how we feel about those issues. State that we need to recognize our feelings because our feelings may govern what we think or say or do about the issues.

2. Tell the students that today you are going to explore how they feel about drug related issues.

3. Hand out materials---Instruct students to cut out 2 circles, one larger than the other. Circles should be cut from material stiffer than paper, because you will want one of the circle to spin. Have the students use a ruler and marker to divide the smaller circle "like a pizza", making at least eight pieces. Have students fasten the circles together, centering the smaller circle in the middle of the larger circle.

4. Divide the students into groups.

   Handout the AND HOW DO YOU FEEL worksheet (HDDI11.4A) which follows.

   As a chosen reader reads aloud the statements, instruct the students to write a "feeling" on the circle. Feelings such as happy, sad, disturbed, annoyed, are examples. One "slice" of the wheel may be left as a FREE ZONE, representing any particular feeling not on the wheel.

5. To begin play, have the reader read the first statement aloud. Direct the students to label one of the pieces with a "feeling" that the statement evokes.

Each time the group places a feeling on the slice, discuss "why" they felt that way. Continue placing "feelings" on the slices of the circle until all but one is filled. Fill the last slice with the words FREE ZONE, a catch all space for any unnamed emotion or feeling.

6. Wind up the activity by asking the following questions:

Did any of your feelings surprise you?

Which ones?

Why?

Did anyone else's feelings surprise you?

Which ones?

Why?

Did you feel different depending on how many others shared your emotions?

How can you recognize when you are under the influence of strong feelings?

SUGGESTIONS: Stress that we must LEARN FROM OUR FEELINGS.....

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LESSON : HDI11.4A GRADE 11

EMOTIONS GO ROUND AND ROUND WORKSHEET

Name______________________________

DRUG RELATED ISSUES AND YOU

This sheet is designed to be used with the feeling wheel.
You should have chosen a speaker for your group.

Speaker : Ask the people in your group how they feel about the following statements.

Each time you present a statement, allow your group members time to write a "feeling" on the wheel.

1. You are watching T.V. with your family and the focus of the program is the presence of an adolescent alcoholic in the family.
2. You are listening to a radio show interviewing recovering chemically dependent people.
3. You are coming home from a school activity and you are passed by a truck barreling down the highway obviously out of control.
4. You are at a party and you realize the person who is about to drive you home is drunk.
5. A friend offers you a cigarette during a break at school.
6. You are participating in after school activities and they tell you they are going to test everyone involved in the program for drugs.
7. You are at a party and people start making small groups and leaving. A kid you know from school asks you if you want a hit of marajuana.
8. You are in a parking lot with friends listening to loud music and smoking dope and your parents drive up.
9. You are asked to stand up in front of your classmates and tell them how you feel about drugs and alcohol.
10. Someone inquires as to whether or not you think a member of your family has a drinking problem.
11. There is a free showing of a film focusing on drug related issues at your local high school. Your parents ask you if you would like to go.

GRADE 12

LESSON: HDI12.1

GRADE LEVEL: 12
COMMUNICATION ARTS

DON'T DRIVE DRUNK

PURPOSE: To provide time to discuss the effects of alcohol and other drugs on driving behavior.

ACTIVITY:

1. DISCUSSION focusing on the effects of alcohol and other drugs on driving behavior.
2. Explanation of SOBRIETY TESTS
3. Organization of class into groups in order to simulate a sobriety test.
4. Closure: What we learned

PROCEDURE:

1. Introduction: Ask students how many of them have ridden in a car with someone who is drug-affected. Focus discussion on the following questions:

   How did the drugs appear to affect the person's driving?

   Did you know the person was drug affected when you got in the car?

   How did you feel while in the car?

   What thoughts went through your mind?

   What were your options for getting out of the situation?

   What were options for getting out of the situation after you entered it?

2. SOBRIETY TESTS

   Explain to the class that law enforcement officials routinely give sobriety tests to people suspected of driving while under the influence of alcohol or other drugs. These tests have proven to to predict whether a person is drug effected to the extent that driving is dangerous to himself or others. Tell the class that they will have the chance to take one of the tests.

3. Organize the class into groups. Place a piece of tape on the floor about six feet long by each group. Give instructions to the group.

   a. The person taking the test should place their feet at the beginning of the line, heel to toe, and walk the length of the line without stepping off the line.

   b. Someone else in the group should then spin the person around four times. The person should then try to repeat the task again.

4. Explain to the students that one symptom of being affected by alcohol or other drugs is dizziness and that the spinning is intended to produce that feeling.

5. Explain that one other sobriety test is standing on one foot with arms outstretched. This test should also be taken before and after the person is spun around.

6. After the groups have concluded the tests, focus a discussion on the following questions:

   How did spinning the person affect that person's performance on the tests?

   How does the lack of coordination affect a driver?

   Can you name some other ways alcohol or other drugs affect someone's ability to drive?

7. CLOSURE: Review the following facts:

   Alcohol and other drugs affect many faculties necessary for driving.

   Judgment is one of the first faculties affected by drugs, so people are often more intoxicated than they think they are.

SUGGESTIONS: Remind the class that marijuana builds up in the fatty portions of the body, like the brain, it can stay in the body for up to a month, unlike alcohol, which passes through in a matter of hours.

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VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI12.21

GRADE LEVEL: 12
COMMUNICATION ARTS

COMMUNICATION

OBJECTIVE(S):	Students will evaluate communication and its importance in living a healthy, drug-free life.
PHYSICAL SETTING:	Classroom Access to library
TEACHER INSTRUCTION:	Teacher will facilitate student when necessary.
STUDENT ACTIVITY:	1. Student will read information in encyclopedia file (attached). 2. Student will use the information to answer the following question: In what ways can healthy communication prevent drug use and abuse? This can be done in the form of a speech or an essay.
PREPARATION/ MATERIALS/EQUIPMENT:	Reading of article Access to library materials
EVALUATION:	Evaluation of oral presentation/written presentation.

STUDENT WORK SHEET :

INSTRUCTIONS:

1. Read the following information.
2. After reading the material below, use the information to answer this question.

   In what ways can healthy communication help prevent drug use and abuse?

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Source:

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Communication

Communication is a variety of behaviors, processes, and technologies by which meaning is transmitted or derived from information. The term is used to describe diverse activities: conversation; data exchange between computers; courting behavior of birds; the emotional impact of a work of art; the course of a rumor through a school; and the network of nervous and metabolic subsystems that make up the body's immune system. Given such varied uses of the term, no sharply defined boundaries delimit the field, no clear-cut domains are within it, and no widely accepted universal model of communication exists.

This article focuses on human communication, which includes interpersonal communication, language and verbal behavior, and the anthropological aspects of communication in society.

History

Until the 20th century, theories of communication were the province of writers on philosophy, language, and rhetoric. Aristotle taught that rhetoric was a search for all the available means of persuasion and that one had to examine the speaker, the message, and the audience in order to understand the effect of rhetoric and how that effect was achieved. That concept endured, without significant modification, to the present century. Descartes and Leibniz recognized mathematics as a universal language for the description of physical systems and phenomena, and they speculated about the development of artificial languages to improve the precision of communication, an orientation that continues to this day in some aspects of mathematical logic. Psychologists studying behavior and its antecedents in various stimuli explored some aspects of communication behavior in the first half of the 20th century, but it was not until the publication of two enormously influential works in 1948 that there was anything like a comprehensive theory of communication. In that year, both Claude Shannon's monograph The Mathematical Theory of Communication and Norbert Weiner's Cybernetics: or Control and Communication in the Animal and the Machine were published to wide acclaim. Since that time dozens of models have appeared, most of which are merely variations of these two works.

Communication Models

Shannon's model included six elements: an information source (usually a person), a transmitter, a communication channel, a noise source, a receiver, and a destination (usually another person). Shannon, a mathematician working for the Bell Telephone Laboratory, collaborated with Warren Weaver to write The Mathematical Theory of Communication (1949), in which the original theory was modified somewhat and explained to nonmathematicians. The revised model includes a source (the speaker); an encoder (the vocal system); a message (language and visual cues); a channel (sound waves in the air); a decoder (the listener's ears); and a receiver (the listener). The noise source (static on a radio; background noise in face-to-face communication) in later formulations came to be known as entropy, subsequently a subject of intensive experimentation itself. One of Weaver's contributions to this model began with his explanation that all communication was concerned with three problems: how accurately the symbols of communication could be transmitted, how precisely the symbols carried the intended meaning, and how effectively the received meaning affected conduct in the desired way. Weaver recognized that Shannon's mathematical formulation could provide a theoretical construct within which to examine all three problems.

Norbert Weiner, also a mathematician, did not develop a general theory of communication, but did introduce the concept of feedback, a construct he deduced from observations about interactions between humans, animals, and the physical environment. Weiner described the many ways in which organisms modify their own behavior to correct for adverse reactions to some other aspect of their behavior. In communication, feedback is a verbal or visual cue that indicates whether the message has been received and correctly interpreted; it may be a nod of the head, a slap in the face, or a question. Weiner used the term homeostasis to describe the ability to detect a deviation from a desired state and a feedback mechanism by which the discrepancy is noted and fed back for the purpose of modifying behavior. Such a system more closely approximates actual interpersonal communication, and few theoretical models today fail to incorporate the feedback concept.

Later models do not offer a single theory of human communication but present a range of specific theories that pertain to various communication situations. In the social sciences, these theories have modified the Shannon-Weaver and cybernetic models to include greater emphasis on the nature of the next interaction, the response to the message, and the context within which the interaction occurs. As an extreme example of model development, Marshall McLuhan holds that the communication medium--the channel--exerts so strong an influence on the communication process that it virtually controls what is communicated.

Noam Chomsky, in his book Syntactic Structures (1957), rejected some of the mathematical assumptions of Shannon and Weaver as inadequate for describing the ways in which people use English grammar, for example; this in turn influenced psychologist George A. Miller to do experimental work on human responses to language and meaning. Social psychology and anthropology have also developed elaborate models, which treat such factors as predispositional personality variables, the credibility of the source, states of cognitive consistency of the receiver, the nature and role of attitudes, and selected message variables. Given the diversity of uses of the term communication, it is unlikely that there will be a widely accepted universal model suitable for all disciplines.

Interpersonal Communication

Two basic approaches have been used to define interpersonal communication; one approach includes all the ways in which people influence each other, even unintentionally. Anthropologist Edward T. Hall's popular book, The Silent Language (1959), described the ways in which such nonverbal communication as the physical proximity of two people talking to each other communicated much about their cultural background or personal relationship. This approach defines communication by referring to the response of the receiver and therefore includes the total environment of social behavior rather than just specific acts or utterances.

Other scholars operate under different assumptions: in their view, communication should be limited to only those intentional interactions that occur by means of symbols. This view assumes that although the attempt to communicate with another may fail in the sense that the speaker may not evoke the desired response, nevertheless intention defines the communication act. This orientation has produced much valuable research, including conclusions about persuasibility factors of personality; the importance of the order of presentation of arguments; and the role of selective perception, source credibility, and pressures to conform to group norms.

Both approaches to communication cause some problems: the former because it appears that everything is communication and the latter because it depends upon the intention, or state of mind, of the speaker, thus leaving a large area of communication (most of the nonverbal, for example) unaccounted for. One attempt to transcend these difficulties defines communication as any event to which persons attribute significance to message-related behavior.Interpersonal communication is often categorized on the basis of its function; a simple classification comprises the cognitive and expressive functions mentioned by Charles Ogden and I. A. Richards. A far more elaborate system is that of linguist Roman Jakobson, who described six functions: referential, emotive, conative, poetic, phatic, and metalingual.

Language and Verbal Behavior

A second major area of human communication focuses on language and verbal behavior. Although classical rhetoric, philosophy, linguistics, and literary criticism contributed their theories, today the field is dominated by linguistics, anthropology, and psychology. The common concern is the potential of language to transmit meaning. Language is not, of course, the only system of communication. Others are gestures, representational arts, and other symbol systems such as traffic signs; but language has much greater communicative power.

Two phenomena indicate the kinds of questions addressed in this field of study. First, when we speak we do not transmit our thoughts to another, but rather we transmit sounds and visual cues. These sounds and cues have to be interpreted by another person in order for communication to occur. The American philosopher Charles Sanders Peirce, who greatly influenced the study of linguistics, pointed out that meaning was not inherent in these sounds and cues but was the product of the relationship between them and the item referred to by the speaker (and the listener).

Conventions among speakers of the same language allow a certain sound to represent a word that another convention agrees is the name of an object. This relation was further elaborated by Ogden and Richards in their significant book The Meaning of Meaning (1923). Peirce used the term semiotics to refer to language and communication. Charles Morris, following Peirce, divided the field into three parts: semantics, the study of the relationship between signs (sounds and visual cues, for example) and meaning; syntactics, the rules governing the combination of signs without regard for their meaning; and pragmatics, the various uses and effects of signs by individuals.

The second phenomenon is that any concept, idea, or object, no matter how sophisticated or culture bound, can be expressed in any other language. It may require more or fewer words and perhaps additional visual cues, but everything that can be expressed in one language can ultimately be translated into another. Furthermore, in any language an infinite number of sentence possibilities exist, and yet even a realtively young child can produce and understand sentences he has never heard before. To explain these facts, Chomsky, concentrating on the syntactical aspects of language, has postulated that innate grammatical structures are programmed into the human brain as part of a human being's genetic heritage. Apart from the fact that no empirical data supports this assertion, some of his critics have argued that by focusing on grammar and neglecting the semantic aspects of language, Chomsky overlooks the most important function of language--communication. Speech development and cognitive development, both directly related to this aspect of communication, have been the subject of intense investigation by Jean PIAGET, Jerome Bruner, and Roger Brown.

Communication and Culture

Anthropologists looking at human communication tend to focus on its central role in the continuance of a society--the preservation and transmittal of the unformulated aspects of a culture. Society arises and continues to exist through the communication of significant symbols. The concepts of honor, bravery, love, cooperation, and honesty, for example, are embodied in language and other symbolic behaviors that create and sustain belief in ways of acting because they function as names signifying proper, dubious, or improper ways of expressing relationships.

Communication has another importance for anthropologists. Edward Sapir pointed out that language is not only a means of providing a systematic inventory of the various items of experience (through naming), but it also defines that experience because of the way in which language itself imposes its thought patterns on our perception. When color recognition tests were given to both speakers of Zuni and speakers of English, the members of each group did better at recognizing colors for which their own language had a specific designation. Sapir's student and associate Benjamin Lee Whorf took this hypothesis even further, arguing that the world is differently experienced and conceived in different linguistic communities because each language embodies and perpetuates a different world view. Few authorities today accept that strong a relationship between language and culture, however. The anthropological view is clearly the broadest, because it views communication as the mechanism through which human relations exist and develop. Communication includes all the symbols of the mind, together with the means of conveying them through space and preserving them in time, according to sociologist Charles H. Cooley.

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VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI12.24

GRADE LEVEL: 12
COMMUNICATIONS ARTS

EMOTIONS

OBJECTIVE(S): Students will evaluate the role emotions play in leading a healthy, drug free life.

PHYSICAL SETTING: No special setting required.

TEACHER INSTRUCTION: Teacher will evaluate student work sheet.

STUDENT ACTIVITY:

1. Read material provided.
2. Answer questions.
3. Assess how one's emotional state and the use of drugs and alcohol might be related.

PREPARATION/ MATERIALS/EQUIPMENT: No necessary equipment.
Access to a library may be helpful.

EVALUATION: Teacher will evaluate student work sheet.

STUDENT WORK SHEET NAME ______________________________

STUDENT ACTIVITY:

1. Read material provided.
2. Answer questions.
3. Assess how one's emotional state and the use of drugs and alcohol might be related.

QUESTIONS:

1. Define EMOTIONS.

2. Name three famous individuals who presented EMOTION THEORIES.

3. What is the difference between a primary emotion and a secondary emotion?

ACTIVITY:

1. From experience, you know emotions can affect what you do, how you do it, and why you do it.

   How could emotions influence a person's decision to get involved with drugs?

   What healthy things could we do emotionally to avoid getting involved with drugs?

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Emotion

Emotions are biopsychological reactions of an individual to important events in his or her life. These reactions involve special kinds of feelings, widespread physiological changes, impulses to action, and, sometimes, overt behavior. Many investigators believe that emotions evolved to increase an organism's chances for survival: an emotion, for example, may cause an animal or a human to run away from or attack a source of danger.

Theories.

Experimental researchers have identified emotions in lower animals as well as in humans. Harry HARLOW, for example, has demonstrated that rhesus monkeys who are isolated from all human or animal contact for the first 6 months of their lives show signs of severe depression. Charles DARWIN, in The Expression of the Emotions in Man and Animals (1872), said that it is possible to recognize emotions in animals by observing their naturally occurring expressive behavior and by knowing the circumstances under which they occur. Thus, a hissing cat with an arched back, bristling hair, and bared teeth is showing threat behavior. Such threats are usually followed by either attack or retreat behavior. Darwin also showed that expressions of emotions were similar in different races and in isolated groups of human beings; that children born blind show the same patterns of emotional expression as do the normally sighted; and that the higher animals have many emotional expressions that resemble those found in humans. The snarl of a wolf or a dog, for example, is similar to a human sneer. Darwin concluded that emotions help animals as well as people in the struggle for survival by communicating information to others. The expression of anger signals the likelihood of attack; the expression of fear, the likelihood of retreat. This information usually decreases the chances of a deadly fight and thus increases an organism's chances for survival.

Sigmund Freud, the founder of psychoanalysis, believed that memories were often not reported because they were repressed. This occurred because they were connected with strong emotions, the expression of which would be unpleasant or even dangerous. Some patients could remember neither the disturbing incident nor the emotion connected with it. Although the emotion was not conscious, it nevertheless continued to influence the patient's behavior. Freud said that unconscious emotions could be identified on the basis of a person's behavior. For example, if someone constantly frowns, or grinds his or her teeth, has dreams in which people are being murdered, that person is most likely angry, regardless of what he or she says. Freud used a person's dreams, free associations, slips of the tongue, facial expressions, and voice quality to help make judgments about the existence of repressed emotions.

A third major figure in the history of emotion theories was the American philosopher William James. He believed that the perception of a situation led to behavior (for instance, running away) that created physiological changes and that a person's recognition of these internal changes was the actual feeling of emotion.

Although there are some differences among emotions in the pattern of changes in the autonomic nervous system, however, the differences are not large. A well-known experiment by Stanley Schachter and Jerome Singer showed that the same physiological state of arousal produced by an injection of the hormone epinephrine (adrenaline) could be interpreted as anger or as pleasure depending on the social situation.

In recent years a number of theorists have contributed to the understanding of emotion. Walter B. Cannon, for example, has emphasized the role of the hypothalamus of the brain as a mediator of emotional expression and feeling. Paul MacLean has demonstrated the importance of the limbic system of the brain in emotional expression. Both Magda Arnold and Richard Lazarus have emphasized interpretations or appraisals as determiners of emotions. Sylvan Tomkins and Carroll Izard have described what they consider to be basic emotions, such as joy, sadness, anger, and fear, from which they believe all others are derived.

Emotion as a Complex State.

The identification of an emotion in an animal or person is always an interpretation or inference from evidence. An emotion is a condition that affects the entire organism and influences how successfully it interacts with its environment. Emotions are reactions to important life issues, such as being confronted by danger or a rival, competing for food or jobs, finding a mate, or losing a parent. Such reactions help the individual with problems, that is by fighting, by running away, by falling in love, or by calling for help. Although emotion represents a change in a person's inner state, it is also a change in behavior; most importantly, the behavior is designed to have an effect on the people or events around the person.

These complex states called emotions are described in different ways. The language of introspection uses terms such as happy, sad, angry, and disgusted. The language of behavior is illustrated by words such as hitting, running away, crying, and embracing. Emotions can also be described in terms of the effects of the emotional behavior on the environment; thus, running away in the face of danger has the effect of protecting the individual from harm. Attacking a threatening stimulus has the effect of destroying the stimulus. Crying for help often has the effect of bringing help.

Primary and Secondary Emotions.

It has often been assumed that some emotions are primary and others secondary. Although the names given to the primary emotions differ slightly, most of the following are agreed upon: anger, fear, joy, sorrow, acceptance, disgust, and surprise. Rarely, if ever, does a person experience one emotion alone. Secondary emotions are formed by the mixing of primary emotions, like the mixing of primary colors to form others. Interestingly enough, the names given secondary, or mixed, emotions are often the same as those used to describe personality: for example, a person who habitually experiences feelings of anger and disgust might be called a sarcastic person; someone who is accepting and joyful would be called sociable. Investigators have shown that emotions are related not only to personality, but to psychiatric diagnoses and ego defenses as well. They are also closely related to motivation. Emotions are thus fundamental processes in all living organisms and are related to many aspects of functioning.

Robert Plutchik

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VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI12.6

GRADE LEVEL: 12
COMMUNICATION ARTS

SAMUEL TAYLOR COLERIDGE

PURPOSE: This file will introduce the student to Samuel Taylor Coleridge. His drug addiction and subsequent death will be focused on.

ACTIVITY: Student reading following article and formulating opinion

MATERIALS: None

PROCEDURE: Students will read article and then complete work sheet.

EVALUATION: Teacher may evaluate students' completed assignment.

STUDENT WORK SHEET:

1. Read the Samuel Taylor Coleridge fact sheet.

2. Even talented/famous people are not void of sickness and addiction. What addiction ailed Coleridge?

3. List the aspects of his life that you suspect were affected by his addiction. Be specific.

4. Find a poem or piece of work written by Coleridge that has imagery that you believe is associated with some aspect of his addiction. Attach it here and explain it.

5. Had Coleridge not been an addict, in what ways do you think his life may have been different ?

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COLERIDGE, SAMUEL TAYLOR

Samuel Taylor Coleridge was a major English romantic poet and essayist. He was associated with William Wordsworth, with whom he wrote the lyrical ballads, an extremely influential collection of poems. He was also a major philosopher and literary critic, opposing the empiricism of 18th-century British philosophy with an idealist system, partly derived from German thinkers, that regarded the mind as active rather than passive in its ability to create through the faculty of imagination.

Born on Oct. 21, 1772, the son of a clergyman, Coleridge attended Christ's Hospital in London before entering Cambridge. Dreamy and bookish, he soon wearied of college life and enlisted in the dragoons. In 1794, Coleridge met the equally radical and idealistic poet Robert Southey, and together the two planned a utopian community, or pantisocracy, to be founded on the banks of the Susquehanna River in the United States. In preparation for the community, Coleridge proposed to the sister of Southey's fiancee; when the scheme collapsed he went through with the marriage, although he felt little affection.

The couple moved to Nether Stowey, Somerset, in 1797 and became friendly with Wordsworth and his sister Dorothy. There the two men composed Lyrical Ballads (1798); Coleridge contributed the "Rime of the Ancient Mariner, which, together with his two other magical poems, "Christabel" and "Kubla Khan," established his reputation as a poet and articulated the mysterious, demonic side of British Romanticism. In 1798, Coleridge and the Wordsworths traveled to Germany, where Coleridge began his study of Kant and other German philosophers; in 1800 they settled in England's lake district.

Unhappy with his wife, Coleridge fell in love with Sara Hutchinson, whose sister Wordsworth later married. Coleridge's marital difficulties added to other miseries, for he was by then addicted to laudanum (opium dissolved in alcohol), a commonly prescribed drug, and aware that his poetic talent was fading. In 1802, Coleridge published "Dejection: An Ode," the last of his great poems. Thereafter he turned mainly to politics, religion, philosophy, and literary criticism. After a stay in Malta to restore his health he returned to England, where he separated from his wife.

From 1816 until his death on July 25, 1834, Coleridge lived at Highgate, in London, supervised by Dr. James Gillman, who helped him control his drug addiction; in time his home became a center for admirers and literary aspirants. During the final 20 years of his life Coleridge wrote voluminously, although his productions were sporadic and rarely sustained. In 1808 he gave his first course of public lectures in London and followed it with other series on literary and philosophical subjects. In 1817 he published Biographia Literaria, a classic of criticism, in which he put forward his ideas on the unifying and synthesizing power of poetry and his theory of the primary and secondary imaginations. Coleridge's influence on poetry, philosophy, and literary criticism is great and undisputed, but the extent of his debt to German philosophy is still debated.
Janet M. Todd

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VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI12.3

GRADE LEVEL: 12
HEALTH

METHODS OF BIRTH CONTROL

OBJECTIVE(S): Students will be introduced to methods of birth control, including the taking of substances to control fertility.

PHYSICAL SETTING: To be assigned by an adult who will supervise and guide the student through the reading, and who will answer questions the student may have on birth control.

TEACHER INSTRUCTION: This is a controversial issue in many schools. Take precautions to clear this topic with appropriate personnel.

STUDENT ACTIVITY: Student will read information provided and answer questions, including some of which which ask the student for personal opinions.

PREPARATION/MATERIALS: This lesson

Preparation should include clearance of the topic at hand.

Supplemental materials or further guidance may be appropriate.

EVALUATION: Evaluation may be done by adult supervising the lesson:

Was the lesson appropriate?

Was exposure to the issue beneficial?

Created by: DEBRA DORRANCE -- 5/5/91

ISSUE : BIRTH CONTROL

READ THE MATERIAL BELOW.

ANSWER THE QUESTIONS THAT FOLLOW IN CONJUNCTION WITH YOUR READING.

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QUESTIONS :

1. Who coined the term "birth control" ?

2. Name some of the forms of birth control that are used that are chemically based.

3. It is stated that mechanical barriers used with a chemical are more effective than chemical barriers alone. Why ?

4. Are mechanical devices (barriers) known to produce side effects ?

5. What role does the FDA play in birth control ?

6. What is the effect of placing an object in the uterus that slowly releases the hormone progesterone?

7. What is known as the greatest innovation in birth control ?

8. The pill is a drug. How is it that the pill prevents pregnancy?

9. What are some of the side effects of taking the "pill" ?

10. What natural ways are there to avoid pregnancy?

11. If interested in permanent contraception, what are the options?

12. Name the two new or experimental contraceptives under examination at the present time.

13. You read about some of the social issues at the end of the article. How do you feel about contraception ?
    What is "right" about it ?
    What is "wrong" about it ?

READING

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birth control

The practice of birth control prevents conception, thus limiting reproduction. The term birth control, coined by Margaret Sanger in 1914, usually refers specifically to methods of contraception, including sterilization. The terms family planning and planned parenthood have a broader application.

METHODS OF BIRTH CONTROL

Attempts to control fertility have been going on for thousands of years. References to preventing conception are found in the writings of priests, philosophers, and physicians of ancient Egypt and Greece. Some methods, though crude, were based on sound ideas. For example, women were advised to put honey, olive oil, or oil of cedar in their vaginas to act as barriers. The stickiness of these substances was thought to slow the movement of sperm into the uterus. Wads of soft wool soaked in lemon juice or vinegar were used as tampons, in the belief that they would make the vagina sufficiently acidic to kill the sperm. The Talmud mentions using a piece of sponge to block the cervix, the entrance to the uterus.

Sperm Blockage

Several modern methods of birth control are practiced by creating a barrier between the sperm and the egg cell. This consists of the use of a chemical foam, a cream, or a suppository. Each contains a chemical, or spermicide that stops sperm. They are not harmful to vaginal tissue. Each must be inserted shortly before coitus. Foams are squirted from aerosol containers with nozzles or from applicators that dispense the correct amount of foam and spread it over the cervix; creams and jellies are squeezed from tubes and held in place by a diaphragm or other device; and suppositories--small waxy pellets melted by body heat--are inserted by hand.

More effective at keeping sperm and egg apart are mechanical barriers such as the diaphragm and cervical cap (both used with a spermicide), the sponge, and the condom. A diaphragm is a shallow rubber cup that is coated with a spermicide and positioned over the cervix before intercourse. Size is important; women need to have a pelvic examination and get a prescription for the proper diaphragm. The cervical cap, less than half the size but used in the same way, has been available worldwide for decades. It was not popular in the United States, however, and in 1977 it failed to gain approval by the Food and Drug Administration (FDA); in 1988, the FDA again permitted its sale. The contraceptive sponge, which keeps its spermidical potency for 48 hours after being inserted in the vagina, was approved in 1983. Like the diaphragm and cervical cap, the sponge has an estimated effectiveness rate of about 85%. The devices only rarely produce side effects such as irritation and allergic reactions and, very rarely, infections.

The condom, a rubber sheath, is rolled onto the erect penis so that sperm, when ejaculated, is trapped but care must be taken so that the condom does not break or slip off. A fresh condom should be used for each sexual act. Condoms also help protect against the spread of venereal diseases, and, unlike other barrier devices, they do provide some protection--but not foolproof--protection against AIDS.

Another method of preventing the sperm from reaching the egg is withdrawal by the man before ejaculation. This is the oldest technique of contraception and, because of the uncertainty of controlling the ejaculation, is considered one of the least effective.

Altering Body Functions

Even in ancient times, attempts were made to find a medicine that would prevent a woman's body from producing a baby. Only within the last century, however, have methods been developed that successfully interrupt the complex reproductive system of a woman's body.

The first attempt, made in the 19th century, was based on a legend that camel drivers about to go on long journeys in the desert put pebbles in the wombs of female camels to keep them from becoming pregnant. Researchers tried to find something that would work similarly in a woman's cervix. The earliest such objects were made of metal and were held in by prongs. Later, wire rings were placed beyond the cervix, in the uterus itself, thus giving rise to the term intrauterine device, or IUD. IUDs appear to work by altering the necessary environment in the uterus for sperm and egg union. It was only with the introduction of modern plastics such as polyethylene, however, that IUDs were widely accepted. Their pliability led to simpler insertion techniques, and they could be left in place until pregnancy was desired unless a problem arose with their use. Copper-containing IUDs, and those which slowly released the hormone progesterone, had to be replaced periodically. Users of IUDs, however, complained increasingly of the side effects of the devices. The most common problem was bleeding, and the devices could also cause uterine infections. More dangerous was the possible inducement of pelvic inflammatory disease (see urogenital diseases), an infection that may lead to blockage of the Fallopian tubes and eventual sterility or an ectopic pregnancy. Studies in the 1980s confirmed this link with the increased risk of infertility even in the absence of apparent infections, especially with plastic IUDs. The A. H. Robins Company, in particular, was ordered in 1987 to set aside nearly $2.5 billion to pay the many thousands of claims filed against it by women injured through use of its Dalkon Shield. By that time only a single, progesterone-releasing IUD remained on the U. S. market, but a copper IUD later became available and other, steroid-releasing devices were being planned for issue.

The greatest innovation in contraception was probably the development of the birth control pill. Its simplicity of use (one pill is taken daily) has, for some time, made the pill the most popular birth control method among American women. Oral contraceptives are similar in composition to the hormones produced naturally in a woman's body. Most pills prevent ovaries from producing eggs. Use of the pill, however, does not prevent menstruation; usage may even cause periods to be more regular, with less cramps and blood loss. Recent studies seem to indicate that the pill may also protect its users against several relatively common ailments, including iron deficiency anemia (the result of heavy menstrual bleeding), pelvic inflammatory disease, and some benign breast disorders. In addition (and contrary to fears that were expressed when the pills were first marketed and contained much higher levels of hormones), long-term statistical studies point to a lower incidence of ovarian and uterine cancer among women who use contraceptive pills.

Although the pill is safe for most users, it may have undesirable side effects, such as weight gain, headache, nausea, or the formation of blood clots. In some cases these may be serious. The risk of adverse side effects increases above the age of 35, especially among women who smoke, because they also run an increased risk of heart attack or stroke. Pills can be obtained only by prescription and only after a woman's medical history has been reviewed, her physical condition checked, and laboratory tests performed. Male and unisex oral contraceptives are currently in research.

Avoiding Intercourse

The time to avoid sex, when conception is not desired, is about midway in a woman's menstrual cycle; this was not discovered until the 1930s, when studies established that an egg is released (ovulation) from an ovary about once a month, usually about 14 days before the next menstrual flow. Conception may occur if the egg is fertilized during the next 24 hours or so or if intercourse happens a day or two before or after the egg is released, because live sperm can still be present. Therefore, the days just before, during, and immediately following the ovulation are considered unsafe for unprotected intercourse; other days in the cycle are considered safe. The avoidance of intercourse around ovulation, the rhythm method, is the only birth control method approved by the Roman Catholic church.

Maintenance of calendar records of menstrual cycles proved unreliable, because cycles may vary due to fatigue, colds, or physical or emotional stress. A woman's body temperature, however, rises slightly during ovulation and remains high until just before the next flow begins. Immediately preceding the release of the egg, the mucus in the vagina becomes clear and the flow is heavier. As the quantity of mucus is reduced, it becomes cloudy and viscous and may disappear. By checking these signals and learning to interpret them, a woman can determine the days of the month when she must avoid intercourse to prevent pregnancy.

Permanent Contraception

Couples who wish to have no more children or none at all may choose sterilization of the man or of the woman instead of prolonged use of temporary methods. To be considered irreversible, sterilization blocks or separates the tubes that carry the sperm or the eggs to the reproductive system. The man is still capable of ejaculating, but his semen no longer contains sperm. The woman continues to menstruate and an egg is released each month, but it does not reach her uterus. Neither operation affects hormone production, male or female characteristics, sex drive, or orgasm. Tubes may be separated by surgically cutting them, they may be blocked with clips or bands, or they may be sealed using an electric current. The man's operation, or vasectomy, is simpler and is usually performed in a doctor's office or a clinic. The operation for women is usually performed in a hospital or an out-patient surgical center. Some of the most recent techniques require a stay of only a few hours. Some soreness and discomfort may be expected after surgery, occasionally with swelling, bleeding, or infection; the risk of serious complication is slight. In the 1980s sterilization became the preferred method among U. S. couples desiring no further children.

The most optimistic prospects for reversing sterilization for women and men exists when there is the least damage to their tubes at the time of sterilization. It is estimated that as many as 60 percent of reversals are successful (success is measured by a pregnancy). Many individuals, however, may not even be candidates for an attempt at reversal, especially women who have undergone electrocauterization or surgical cutting of their tubes.

New or Experimental Contraceptives

Several new drugs and contraceptive devices are at present undergoing examination in the United States, although none has yet been approved by the FDA. Thus an injection of the synthetic progesterone Depo-Provera (currently used in more than 80 countries) prevents ovulation for three months. Animal tests, however, suggest that the drug may induce some cancers, and have other undesirable side-effects, such as a slow return to fertility when its use is discontinued. Also in use in several countries is a capsule, implanted beneath the skin of the upper arm, that slowly releases the synthetic hormone levonorgestrel over a period of five years. The capsule, which was approved by the World Health Organization in 1985 for distribution by United Nations agencies, has minimal known side effects but should not be used by women who have liver disease or breast cancer.

Another contraceptive approach, successful in baboons and currently undergoing human trials, is vaccination. The vaccine delivers antibodies against a hormone that plays a crucial role in pregnancy. The effects last for about one year before another vaccination would be required.

SOCIAL ISSUES

Birth control, or limiting reproduction, has become an issue of major importance in the contemporary world because of the problems posed by population growth. Until relatively recently, however, most cultures have stressed increasing, rather than reducing, procreation. The English economist Thomas Malthus (1766-1834) was the first to warn that the population of the world was increasing at a faster rate than its means of support. However, 19th-century reformers who advocated birth control as a means of controlling population growth met bitter opposition both from the churches and from physicians. The American Charles Knowlton, author of an explicit treatise on contraception entitled The Fruits of Philosophy (1832), was prosecuted for obscenity, and similar charges were brought against the free-thinkers Annie Besant and Charles Bradlaugh, who distributed the book in Britain.

Nonetheless, the movement persisted, gathering strength at the end of the century from the women's rights movement. In Britain and continental Europe, Malthusian leagues were formed, and the Dutch league opened the first birth control clinic in 1881. An English clinic was started by Dr. Marie Stopes (1882-1958) in 1921. In the United States, Margaret Sanger's first clinic (1916) was closed by the police, but Sanger opened another in 1923. Her National Birth Control League, founded in 1915, became the Planned Parenthood Federation of America in 1942 and then, in 1963, the Planned Parenthood-World Population organization.

In GRISWOLD V. CONNECTICUT (1965) the U. S. Supreme Court struck down the last state statute banning contraceptive use for married couples, and in 1972 the Court struck down remaining legal restrictions on birth control for single people. The federal government began systematically to fund family planning programs in 1965. Contraceptive assistance was provided to minors without parental consent until Congress ruled in 1981 that public health-service clinics receiving federal funds must notify parents of minors for whom contraceptives had been prescribed. Suits challenging the regulation have been upheld; the government has announced plans to appeal.

Despite the wide availability of contraceptives and birth control information, the rate of childbirth among unmarried teenage girls rose throughout the 1970s and 1980s. A major focus of current concern, therefore, is the improvement of sex education for adolescents.

Other countries where the birth control movement has been notably successful include Sweden, the Netherlands, and Britain, where family planning associations early received government support; Japan, which has markedly reduced its birthrate since enacting facilitating legislation in 1952; and the Communist countries, which after some fluctuations in policy, now provide extensive contraceptive and abortion services to their inhabitants. Many of the less developed countries are now promoting birth control programs, supported by technical, educational, and financial assistance from various United Nations agencies and the International Planned Parenthood Federation. A series of World Population Conferences, the most recent in 1984, has sought to strengthen the focus on population control as a major international issue.

At present the strongest opposition to birth control in the Western world comes from the Roman Catholic church, which continues to ban the use of all methods except periodic abstinence. In Third World countries resistance to birth control programs has arisen from both religious and political motives. In India, for example, a country whose population is increasing at a net rate of 10-13 million a year, the traditional Hindu emphasis on fertility has impeded the success of the birth control movement. Some Third World countries continue to encourage population growth for internal economic reasons, and a few radical spokespersons have alleged that the international birth control movement is attempting to curtail the population growth of Third World countries for racist reasons. A similar argument has been heard within the United States with regard to ethnic minorities; the latter, however, voluntarily seek family planning in an equal proportion to

nonminorities. Despite such arguments, most educated individuals and governments acknowledge that the health benefits of regulating fertility and slowing the natural expansion of the world's population are matters of critical importance.

Louise B. Tyrer

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See also: FERTILITY, HUMAN; REPRODUCTIVE SYSTEM, HUMAN.

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI12.2

GRADE LEVEL: 12
HEALTH

BIRTH DEFECTS

OBJECTIVE(S): Students will explore facts about BIRTH DEFECTS including
- inherited defects
- multifactorial defects
- environmental factors
- prenatal detection

PREPARATION/MATERIALS/ EQUIPMENT:
- This lesson
- Supplemental material of choice
- Posters, slides, pamphlets available from local sources

INSTRUCTIONAL ACTIVITY: Student will put together a 5-10 minute presentation focusing on BIRTH DEFECTS with an emphasis on the effects drugs, alcohol and smoking can have on pregnancy.

TEACHER INSTRUCTION: Teacher will act as guide and resource, answering questions and providing suggestions throughout the project.

EVALUATION: Presentation will be evaluated as an oral presentation, with time in preparation taken into consideration.

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birth defects

Birth defects, or congenital malformations, are the faulty formation of structures or body parts present at birth. Sporadic, hereditary, or acquired defects may be immediately observed or may become manifest later in life; they may be visible on the body surface or present internally.

Birth defects may be life threatening and require surgical correction, or they may interfere with function or appearance. It is estimated that about 3% of all children are born with major defects; minor defects or variations are estimated to occur in 10% to 15% of births. Malformations may be single or multiple. Multiple malformations that occur in a regular recognizable pattern are referred to as syndromes--for example, the fetal alcohol syndrome sometimes observed in infants of mothers who drank heavily when pregnant. Birth defects may result from the action of genes, chromosomes, or the environment on the developing fetus, but often the cause cannot be determined.

Inherited Defects.

Abnormal genes cause a significant number of different birth defects. Some can be identified as a single-gene disorder that is inherited in a simple Mendelian mode, that is, either a dominant or a recessive pattern. For example, lobster claw deformity of the hands and feet (split hands or feet) is inherited and results from the effect of a single dominant gene. A person who has this deformity runs a 50% risk (1 in 2) of bearing offspring who will inherit the gene and will therefore also be affected. This example of dominant inheritance describes a trait passed from generation to generation.

Autosomal recessive inheritance and X-linked recessive inheritance account for the other forms of single-gene inheritance that cause birth defects. In cases of autosomal recessive inheritance, both parents are normal but each carries a silent, or recessive, gene that, if matched in an offspring, causes the birth defect. Because both parents are so-called carriers (heterozygotes) of the same abnormal gene, they run a 25% risk (1 in 4) of having a child with the birth defect caused by that particular gene. Examples of birth defects inherited in this autosomal recessive manner are tay-sachs disease and sickle-cell anemia.

In cases of X-linked recessive inheritance the abnormal gene is located on the X chromosome. The normal mother has two X chromosomes, one of which carries the gene for the abnormal condition; but if her son inherits her X chromosome with the abnormal gene, he will be affected with the condition. Hemophilia is inherited in this matter.

Multifactorial Defects.

Many common birth defects do not occur in a pattern that indicates simple Mendelian inheritance. They seem to result from an interaction of genes and the environment, including the intrauterine environment, and each factor includes a number of different hereditary and environmental influences; hence, these defects are called multifactorial. Among them are congenital heart disease; neural tube defects, including spina bifida, myelomeningocele, and anencephaly; and CLUBFOOT, cleft lip and palate, and dislocated hips.

Chromosome Number.

An increase or decrease in the total chromosome material can cause birth defects. For example, the additional chromosome material in Down's syndrome (mongolism) caused by an extra chromosome, number 21, is responsible for the characteristic mental retardation, short stature, and facial appearance. The gain or loss of chromosome material may involve a partial or entire chromosome. The specific birth defects that occur depend on the chromosome involved as well as on the amount of loss or gain of chromosome material.

Environmental Factors.

Environmental causes of birth defects include teratogenic (literally, "monster-making") agents and physical abnormalities in the mother's uterus. Certain medications and chemicals as well as alcohol have been suggested causes of birth defects. It is difficult to establish definitive proof of a drug's teratogenic action, and most available information is based on available animal studies and case reports of malformed children whose mothers all took a certain medication. Nutritional deficiencies and medical illnesses such as diabetes in the mother can also be viewed as contributing to an increase in malformations in children. Physical abnormalities in the mother's uterus can contribute to birth defects such as dislocated hip and a clubfoot. In some cases uterine abnormalities may be the primary cause, but they are generally thought to play a contributory role and be distinct from the basic cause of the birth defect.

Prenatal Detection.

Currently, birth defects due to chromosome abnormalities, some inborn errors of metabolism, and a very few other disorders, including spina bifida and anencephaly, may be detected in the fourth month of pregnancy by a procedure known as amniocentesis. This consists of withdrawing a small amount of amniotic fluid and analyzing it for the specific defect for which the pregnancy is at risk. Another procedure, called chorionic villi sampling (CVS), was developed in China in the early 1970s and is now being tested in the United States. It involves the use of a catheter to withdraw a sample of the chorionic villi, a tissue that surrounds the fetal sac.

Marylou Buyse

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See also: GENETIC DISEASES.

LESSON: HDF12
FACT SHEET

GRADE LEVEL: 12
HEALTH

SMOKING

OBJECTIVE(S): This fact sheet will be used to verify the already commonly known damaging effects smoking can have.

PHYSICAL SETTING: Individual or class reading

PREPARATION/MATERIALS/ EQUIPMENT: This lesson

INSTRUCTIONAL ACTIVITY: Teacher will first have the class generate a list of reasons stating why and how smoking can be damaging to your health.

STUDENT ACTIVITY: Students will generate the original list, and discuss the information provided in this lesson.

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smoking

Smoking most commonly refers to the practice of inhaling tobacco from a pipe, cigar, or cigarette. American Indians smoked pipes, and European explorers had introduced the practice to the Old World by the early 16th century. Controversy over the health effects of smoking has existed since that time. By the early 1960s, numerous clinical and laboratory studies on smoking and disease had been made, and in 1964 an advisory committee of medical and scientific experts appointed by the surgeon general of the U.S. Public Health Service issued a report based on a critical review of previous studies on the effects of smoking. It concluded that smoking is a health hazard; among the harmful elements in tobacco smoke are tar, which has various carcinogenic components, and nicotine, which causes physical dependence. Various other irritant and toxic gases are present in the smoke. The 1964 Public Health Service report stated that nearly all lung cancer deaths are caused by cigarette smoking, which was also held responsible for many deaths and much disability from various illnesses such as chronic bronchitis, emphysema, and cardiovascular disease. A 1984 report by the service also suggested that inhalation of smoke by nonsmokers could be harmful, although controversy surrounded the charge. Pregnant women, in particular, were urged not to smoke because of possible harm to the fetus.

Since 1964, health warnings have been mandated on tobacco products and tobacco advertising, and the use of such advertising has been restricted. Most states in the United States have also passed laws to control smoking in public places such as restaurants and work places, where nonsmoking areas may be required. Among the military services, the U. S. Army has been particularly severe in initiating such restrictions. The tobacco industry and many smokers regard antismoking measures as harassment, whereas many nonsmokers defend the measures on the grounds that the government has a duty to discourage unhealthful practices, that public funds in one form or another become involved in treating diseases caused by smoking, and the smokers pollute the air for nonsmokers.

Various alternatives to smoking have been marketed or are being tested. They include snuff and chewing tobacco--which, however, have been linked to the risk of oral cancer--nicotine chewing gum, and "smokeless" cigarettes that merely heat tobacco.

Peter L. Petrakis

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LESSON: HDI12.4

GRADE LEVEL: 12
HEALTH

YOUNG PEOPLE

OBJECTIVE(S): This lesson will provide students with an opportunity to discuss current issues and attitudes toward young people with classmates.

PHYSICAL SETTING: Open discussion
Written answers to questions

PREPARATION/MATERIALS/
EQUIPMENT: This lesson

INSTRUCTIONAL ACTIVITY: Students will

A. Read " young people "

B. Answer questions

C. Take part in an open discussion

TEACHER INSTRUCTION: Teacher will function as mediator

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Read the following information and then answer the questions below.

Answer as completely as possible, using evidence from the reading.

(COMPLETE SENTENCES / PARAGRAPHS PLEASE)

1. IN WHAT WAY ARE "YOUNG PEOPLE" OF CONTEMPORARY SOCIETY AN IMPORTANT ENTITITY ?
2. LIST SOME OF THE DYNAMIC AND CREATIVE POTENTIAL YOU FEEL YOU HAVE.
3. IN WHAT WAYS DOES THE EDUCATIONAL STATUS OF THE YOUNGER GENERATION AFFECT THE SOCIETY AS A WHOLE ?
4. IN REFERENCE TO EMPLOYMENT, HOW HAS THE YOUNGER GENERATION'S PARTICIPATION CHANGED SINCE THE 1970'S ?
5. HOW CAN THE TRANSITION FROM SCHOOL TO WORK BE MADE EASIER FOR YOUNG PEOPLE ?
6. MAKE A LIST OF SPECIAL PROBLEMS YOU FEEL FACE YOUNG PEOPLE OF TODAY. LIST ONE POSSIBLE ANSWER FOR EACH PROBLEM.

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young people

The term young people generally refers to the segment of the population that ranges between the ages of about 13 and about 19 or 20. Other terms used to describe this age group include teenager, adolescent, youth, and young adult. Sociologically, young people are in the life stage between childhood and adulthood, or, in most Western societies, between a state of dependence on their parents and the achievement of the relative economic and social independence characteristic of adults.

During the 1950s and '60s the United States saw a huge and unprecedented increase in the number of young people, a result of the post-World War II baby boom. Their total number rose from about 17 million in 1950 to about 30 million in 1970. Reaching almost 34 million in 1976, the number of young people is expected to decline to approximately 30 million by 1985 and 25 million by 1990, although during the first decade of the 21st century the levels may again approach those of the mid-1970s.

Young People in Contemporary Society

Traditionally, young people have formed an important link in the transmission and preservation of the heritage of a culture. Because some degree of tension between the generations and competition for status and power are considered more or less inevitable in all cultures, primitive and industrial societies alike have emphasized the duty of young people to parents and other adults and have required them to obey the rules of the social order. Marked contrasts between primitive and industrialized societies exist, however, in the means by which young people assume adulthood. In many preindustrial societies elaborate ceremonies of initiation mark the transition from childhood to young adult status. Such ritualizations foster among the participants a sense of continuity and ease the readjustment to changed roles and modes of behavior. By contrast, the transitions away from the relative dependence and lack of clear responsibility characteristic of childhood are less clearly defined in Western cultures, and this absence of formal definition has produced an ambiguous and often conflicting set of expectations for young people. They are told to behave maturely, yet at the same time they are regarded as too young to have access to the rights and privileges of adults.

Furthermore, as Western society has become more urbanized, mechanized, and specialized, the number of roles in which young people's social and economic contributions are needed or valued has declined. This has resulted all too often in a lack of opportunity to engage in the very activities that prepare young people for the adult world and adult pursuits. As a consequence, young people are unable to try out a variety of roles and values, a process that contributes to the healthy growth and development of independent goals and a sense of personal identity.

The creative and dynamic potential of young people is often in conflict with pressures toward social and economic conformity, and this conflict has sometimes led to questions about the role of some traditional institutions--questions often raised by young people themselves. Recent examples of such questioning by young people of established values and institutions include the countercultural movements that arose in North America and Europe in the late 1960s and '70s.Although these movements largely failed as forces of social and political revolt, they nonetheless exerted considerable influence on evolving values and cultural trends within the traditional culture.

Education.

In all societies education has been viewed as a means of preserving and maintaining a culture as well as a means of laying the foundations of the future success of individuals. Both these traditional functions have been modified in the United States by current social realities. In recent years the role of the school as a primary agent of socialization has been threatened by the increasing influence of the media and of peer associations on the lives of young people. As many young people became disenchanted with the sterility of the traditional classroom, efforts were made beginning in the 1960s to provide alternative learning opportunities, some of which have since become legitimate educational options. Such options, including out-of-classroom learning, work-study programs, open schools, and alternative schools, have perhaps influenced school dropout rates in the United States, which peaked during the early 1970s but are now in decline.

The U.S. school system has traditionally segregated young people by age into junior and senior high schools. It has become apparent that such age clusters do not necessarily reflect the wide variations among young people, particularly of the ages 13 to 16, in physical, social, and intellectual development. Furthermore, individualized goals are often difficult for young people to develop or for teachers to encourage in classes with large numbers of students. Among other efforts aimed at coping with overcrowded classrooms, schools are developing methods to promote individual attention through the use of teacher's aides, volunteers, and peer tutors.

Another harsh fact regarding education today is the recognition that its traditional role as a means to personal success and social mobility is increasingly in question. Universal high school education has long been a major social commitment in the United States; today more than 85% of all high school students graduate--the highest proportion in the nation's history. In addition, the number of young people participating in higher education has steadily increased. In 1980, 7.2 million people aged 18 to 24 were enrolled in college, a 46.6% gain over enrollment in 1966. These young people, however, are now competing for a limited number of entry-level positions in the job market, and the value of their educational achievement in establishing access to such positions has diminished. One result is that many young people find themselves in a prolonged state of economic dependency, with no immediate alternatives available.

Employment.

The participation of young people in the work force has sharply increased during the past two decades. By the mid-1970s, 65% of all young people, or a total of almost 23 million, were employed either full or part time. The most dramatic increase has been in the rate of young women entering into employment, from about 48% in 1965 to about 58% a decade later. Job participation rates for out-of-school nonwhite youth, however, have been steadily declining since 1955.

Although large numbers of young people are employed either full or part time, unemployment rates for those who are seeking work remain chronically high. These young people are often the poor--particularly the minority poor--and school dropouts who lack minimal skills and education. Experts anticipate that employment prospects for young people will remain bleak in the face of continuing technological advances, the increasing numbers of women entering and remaining in the labor force, and the tendency of older workers to exercise their options for delayed retirement. Any tightening of the job market tends to limit disproportionately the employment opportunities for young people, particularly nonwhite youth.

The young are also seriously handicapped by the quality of employment opportunities available to them. Many of the roles set aside for them are in what is called the secondary labor market--low-paying jobs with little prestige or security in which employers expect a frequent turnover in personnel.

The transition from school to work, whether full or part time, is significant in the lives of young people, yet almost no preparation is provided. Aside from the relatively recent introduction of work-study programs in some areas, little effort has been made on the part of society or the schools to integrate school and work as part of a total educational process. Ways must be found to place value on the contributions of young people to the labor market without exploiting their availability and lack of experience.

Special Problems of Young People

During the past two decades increasing concern has been voiced regarding those problems of young people which have long-term social consequences. One of these problems is the increase in unwanted pregnancies among teenagers. Whereas the number of pregnancies among young American women has increased in direct proportion to their numbers in the total population, in one age group, girls under the age of 15, the rate has increased disproportionately. Unwanted pregnancies in this young age group have serious implications for both the long-term development of the young mother and for the normal development of the infant. The evidence indicates that early pregnancies handicap young women in pursuing educational and vocational goals and may seriously limit their future options.

Another area of concern is drug abuse among young people. Surveys indicate that most American teenagers have at least tried marijuana, and many young people also use a variety of other mood-altering chemicals and drugs. Drug use appears to be declining among high school students, however, although alcohol consumption by young people has been steadily increasing, particularly in the younger age range. Evidence seems to indicate that drug use--including alcohol--is experimental and transient for most young people and occurs most often in groups.

A third area of concern is the increasing rate of SUICIDE among young people. In the United States suicide is currently the third most common cause of death in this age group, following accidents and homicide; in 1965 suicide ranked fifth. The peak ages for suicide attempts are from 15 to 19. Estimates indicate that as many as 100 people may attempt suicide and fail for every one who succeeds. Suicide attempts by young people are often signals of distress and pleas for help with some personal crisis. Even when the attempt seems half-hearted or manipulative, it should be taken seriously.

Ruth Teeter

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See also: ADOLESCENCE; JUVENILE DELINQUENCY; SEXUAL DEVELOPMENT.

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI12.29

GRADE LEVEL: 12
HEALTH/GOVERNMENT

CONSUMER PROTECTION

OBJECTIVE(S): Introduce students to their rights as a consumer.

PHYSICAL SETTING: Classroom

STUDENT ACTIVITY: Reading for content.
Answering questions.

EVALUATION: Written assignment can be checked for completeness and accuracy.

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STUDENT WORK SHEET NAME________________________________

INSTRUCTIONS: COMPLETE THE FOLLOWING READING.

ON A SEPARATE SHEET, ANSWER THE QUESTIONS THAT FOLLOW.

QUESTIONS------------------

1. WHAT "RIGHTS" DO CONSUMER PROTECTION LAWS PRESERVE?

2. WHY WAS THE CONSUMER PROTECTION AGENCY FIRST DEVELOPED?

3. WHO ROSE TO PROMINENCE ON BEHALF OF THE CONSUMERS?

4. WHAT DO FEDERAL AND STATE GOVERNMENTS DO TO PROTECT CONSUMER RIGHTS?

5. WHAT DOES THE FEDERAL TRUTH-IN-LENDING LAW REQUIRE?

6. HOW DOES THE GOVERNMENT ASSIST CONSUMERS IN OBTAINING REDRESS?

7. WHAT IS THE NAME OF THE GROUP ORGANIZED BY RALPH NADER AND WHAT IS ITS FUNCTION?

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consumer protection

Consumer protection comprises all the activities of government, business, and consumer organizations designed to ensure consumers'rights in the marketplace. The following are generally considered consumers' rights: (1) the right to safety from product-related hazards; (2) the right to information about products, including the facts consumers need in order to protect themselves from fraud and misleading product claims; (3) the right to redress, that is, the right to reject unsatisfactory products and services and to obtain satisfaction when the complaint is justified; (4) the right to choose among a variety of products in a marketplace free from control by one or a few sellers; (5) the right to be heard in governmental decision making that affects consumers, including representation in governmental policy making on such matters as import quotas and tariffs and representation in regulatory decisions involving such issues as airline fares and food-safety regulations.

The Development of Consumer Protection.

The U.S. government first became involved in controlling misleading information when a mail fraud law was passed in 1872. The first legislation concerning product safety was the Federal Food and Drug Act of 1906, which forbade the adulteration of food and drugs and misbranding (using false or misleading claims).

The Sherman Act, the first legislative attempt to control monopoly power was passed in 1890, and in 1914 the Federal Trade Commission was created to control unfair methods of competition. The need to protect consumers from unfair methods of competition was recognized in 1938 in the Wheeler-Lea Amendment to the Federal Trade Commission Act.

In 1938 the Federal Food and Drugs Act was updated by the Federal Food, Drug, and Cosmetic Act. It empowered the Food and Drug Administration to test the safety of new drugs before they are placed on the market. During the 1950s and '60s, new legislation authorized the setting of safety standards for several other products, including flammable fabrics, household chemicals, toys, and motor vehicles. In the 1960s, Ralph Nader rose to prominence as a crusader on behalf of consumers. In order to regulate the safety requirements for a wider range of products, the Consumer Product Safety Commission (CPSC) was established in 1973.

Government Programs to Protect Consumer Rights.

Federal and state governments in the United States now set product standards, regulate the product information that is available, encourage consumer education, help consumers obtain redress, take antitrust action, and ensure consumer representation in government. Federal standards delineate the rules against which product composition, performance, and safety can be judged. The Food and Drug Administration, for example, establishes the ingredients that must be in a product before it can be called macaroni.

The federal truth-in-lending law requires banks and other lenders to provide credit cost information. The Food and Drug Administration is responsible for policing claims about food, drugs, and cosmetics, and the Federal Trade Commission handles claims about most other products. Local, state, and federal governments have established consumer-education programs that aim to help consumers choose more intelligently among products; improve the management of their money, time, and skills; and make their opinions heard on issues that affect them.

The government assists consumers in obtaining redress in several ways. The law and the courts hold manufacturers liable for the safety of their products and for assuring that a product's performance corresponds reasonably to the claims made for it. In recent years, state attorneys general have helped many consumers who have been defrauded or who have encountered problems with contracts. Groups of consumers who have experienced similar problems may band together in a CLASS ACTION to sue a seller. The power of government agencies to force sellers to make restitution to consumers is limited; in most cases, government regulatory efforts are focused on preventing the sale of products that injure consumers or of activities that adversely affect them. The Food and Drug Administration may, for example, ban the sale of dangerous food items; it has no power, however, to force a food manufacturer to make refunds or to do anything for individuals injured by a product. The Consumer Product Safety Commission's power to require the repurchase, repair, or replacement of banned products is one exception. The Office of Consumer Affairs in the Department of Health and Human Services serves as a clearinghouse for consumer complaints. Some manufacturers have voluntarily recalled products after their sale to correct defects that had been discovered. The major U.S. automobile manufacturers recalled millions of cars in the 1970s and early 1980s to make such corrections. Manufacturers of children's goods have also recalled defective products.

Consumer Protection under the Reagan Administration

Determined to end what it called an "era of confrontation and antagonism between government and business," the administration of President Ronald Reagan cut the budget of the Consumer Product Safety Commission by one-third. Nevertheless, the agency continues to be recognized by consumer groups as the single most effective government force for protecting consumer interests, through its standard-setting regulations and its recalls of defective products.

The issue of consumer protection, however, is far larger than the area governed by the commission, and recent changes in other agencies have produced objections from consumer interests. The most prominent example is provided by the Food Safety Inspection Service of the Department of Agriculture, which is responsible for the inspection of meat and poultry. It has reduced the number of inspections and generally loosened inspection requirements, perhaps in recognition of the fact that it does not have a sufficient number of inspectors. The agency denies, however, that its actions have caused a lowering of standards.

The history of the chemical Tris illustrates the complexities of product safety regulation, at least as the present administration sees them. In the early 1970s, manufacturers of children's sleepwear were required to meet certain flammability standards for their products. Fabrics impregnated with the flame retardant Tris met those standards, and the chemical was considered safe. In 1977, however, suspicions about Tris's carcinogenicity caused the Consumer Products Safety Commission to ban its use, and all Tris-impregnated garments were removed from the market. Fabric manufacturers and children's sleepwear producers suffered heavy losses as a result of the ruling. In 1983, Congress recognized the injury to these firms by allowing them to file claims in the U.S. Court of Claims for their losses; $56 million was allocated for reimbursements.

The Tris law opens the way for other businesses whose products have been declared unsafe to sue the government--most notably, producers and installers of urea formaldehyde insulation and asbestos manufacturers.

Private Consumer Programs.

Various business organizations provide consumers with information about products, and many corporations have consumer affairs offices. Supported by local businesses, the Better Business Bureau works to prevent misleading advertising claims. Consumers Union, the consumer-supported, product-testing organization, provides comparative brand ratings in its magazine, Consumer Reports.

The Consumer Federation of America (CFA), a national federation of some 250 organizations, and the group of organizations headed by Ralph Nader have played an important part in representing consumer interests before the Congress and government agencies.

Robert O. Herrmann

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VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI12.25

GRADE LEVEL: 12
HEALTH

EXERCISE

OBJECTIVE(S):	Students will explore the benefits of exercise. Students will choose healthy pastimes.
PHYSICAL SETTING:	Gymnasium
TEACHER INSTRUCTION:	Teacher will guide students through exercises. A planned type of group exercise should follow the written activity.
STUDENT ACTIVITY:	Students will read lesson (attached). Students will answer questions.
MATERIALS/EQUIPMENT:	Have students wear something comfortable enough to walk in - an exercise oriented activity will follow the written activity.
EVALUATION:	Written activity may be evaluated for completeness.

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STUDENT WORK SHEET

NAME________________________________

READ THE FOLLOWING INFORMATION AND THEN ANSWER THE QUESTIONS.

1. MAKE A LIST OF SOME OF THE PHYSICAL BENEFITS OF EXERCISE.

2. MAKE A LIST OF SOME OF THE MENTAL BENEFITS OF EXERCISE.

3. HOW COULD EXERCISE VERSUS INACTIVITY KEEP YOU IN TOUCH WITH A HEALTHIER WAY OF LIFE?

4. HOW DOES EXERCISE WARD OFF DEGENERATIVE DISEASE?

5. DESCRIBE AN EXERCISE PROGRAM THAT WOULD FIT YOUR LIFESTYLE.

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exercise

Exercise is physical exertion for the purpose of improving physical fitness or for the sake of enjoyment. The primary physiologic event in exercise is contraction of skeletal muscle, or so-called voluntary muscle; this requires the greatest activity of circulatory and respiratory functions.

When a muscle contracts, it compresses the blood vessels in it, but between contractions, flow in exercising muscle is increased as much as thirtyfold; thus, extra oxygen must be carried to active cells, and carbon dioxide away from them, at high rates. Contracting muscle cells, moreover, may increase total heat production 10 to 20 times and thus place severe demands on the mechanisms that regulate body temperature. These complex interrelationships between metabolism, the circulatory system, the respiratory system, and the nervous system present challenging problems for physiologists and physicians.

PHYSICAL BENEFITS

In view of the current vogue for jogging and other forms of exercise, it is first worth noting that one of the clear-cut benefits of exercise is psychological; persons who exercise regularly appear to feel better. There is also evidence that the person who exercises regularly reduces the risk of developing coronary heart disease. However, the benefit of exercise in the prevention of various cardiovascular diseases cannot be regarded as 100 percent conclusive.

The proven physical benefits of exercise have been observed in many studies of athletes. Trained athletes have a larger stroke volume and slower heart rate at rest than untrained persons, and they tend to have larger hearts. During exercise, their stroke volume and heart rate increase, but a given increase in cardiac output can be effected with a smaller increase in heart rate. The maximum possible increase in cardiac output is also greater in athletes, and there is an approximately threefold increase in the oxygen extraction (uptake of oxygen from arterial blood). The increased oxygen extraction permits the athlete to boost oxygen consumption in muscle as much as a hundred times.

These results, however, depend on the kind of exercise being pursued. Jogging and other endurance exercises are called aerobic(oxygen-using); they enhance the ability of muscle to use oxygen in producing energy-rich biochemicals. Endurance-trained muscle also oxidizes less carbohydrate and more fat than does untrained muscle. Weight-lifting, sprinting, and other exercises requiring brief spurts of intense effort, however, overload the metabolic reactions that supply oxygen to muscle. Other biochemical reactions are called into play, so such exercises are called anaerobic (occurring without oxygen). These exercises quickly build up compounds in the muscles that lead to fatigue and exhaustion. Although they improve muscle strength, they do not serve much purpose in terms of cardiovascular health.

BODY TEMPERATURE

Prolonged exertion markedly increases body temperature. Rectal temperatures of 41.1 deg C (106 deg F) are not uncommon in long-distance runners, and record-breaking performances have been made by athletes with postexercise temperatures in the high-fever range. An important question is, how does an athlete tolerate such body temperatures? When experimenters attempt to raise the rectal temperature of a resting individual to 40 deg C, the sweating mechanism vigorously resists. Thus dehydration and perhaps heat exhaustion may occur before this temperature is exceeded. Other data indicate that the rise of temperature with exercise is independent of environmental temperature, except at extreme ranges, but dependent on increased metabolism. These observations suggest that in exertion, as in fever, the body's heat-dissipating mechanisms are activated at a higher temperature. However, this issue is far from settled.

A second question concerns body temperature: does increased body temperature enhance physical performance? There is some evidence that skeletal muscle works more efficiently at temperatures above 37 deg C (98.6 deg F). A higher temperature lowers blood viscosity and may also slightly reduce the resistance to blood flow in the muscles. The diffusion of oxygen, carbon dioxide, and metabolites to and from tissues is likewise enhanced by temperature increases. Higher temperature, on the other hand, may be the athlete's worst enemy. A combination of high environmental temperature and elevated internal heat production may cause serious dehydration due to profuse sweating. If fluids are not replaced, shock may ensue and lead to physiological collapse.

EXERCISE VERSUS INACTIVITY

Whether exercise is necessary or not for health and well-being has been and still is a matter of considerable debate among scientists. Hereditary, environmental, and behavioral factors are intricately involved and difficult to isolate in the matrix of influences that have to do with developing and maintaining a general state of health and a sense of well-being in a given individual. By and large, however, the data speak clearly in favor of habitual exercise as a life-style component and against habitual physical inactivity.

In that respect, it is interesting to compare the individual differences in certain variables associated with morphological and physiological determinants of fitness and performance in athletes, sedentary individuals, and in sick or vulnerable persons. (See Table 1.) One can thus better understand the possible interactions between the individual's genotype and environmental factors. Current research indicates that the champion athlete not only has a high genetic endowment in terms of specific structural and physiological determinants of performance, but that he or she has also paid the high price of systematic and rigorous exercise and training in order to develop his or her potential and meet the demands of high performance.

In general, therefore, the long-term effects of exercise and training are the opposite of physical, physiological, and clinical phenomena occurring during physical inactivity and degenerative diseases.

EXERCISE AND DEGENERATIVE DISEASES

In North America, the principal cause of death is cardiovascular disease. Scientific research has unveiled a number of predisposing factors and has shown their relationships. Granted the predisposing factors associated with heredity, sex, and age, there is no doubt now that the following factors are indeed associated with a high risk of coronary heart disease: overweight and obesity, hypercholesterolemia and hypertriglyceridemia, hypertension, chronic exposure to stress, smoking, and physical inactivity.

ADAPTATION AND TRAINING

When the body is at rest and in a sitting position, basal metabolism consumes only about 250 or 300 ml of oxygen a minute. This value increases by a factor of 20 in, for example, an endurance runner or a cross-country skier performing at peak exertion, and oxygen consumption rises to more than 6 liters a minute. Since 1 liter of oxygen consumed corresponds to about 5 kilocalories of metabolic energy, the peak oxygen consumption implies an energy output of 1,500 to 1,800 kilo-calories an hour. In such circumstances, heavy demands are obviously also made on all body systems. Pulmonary ventilation may increase from less than 10 liters a minute to more than 150 liters a minute; the heart rate commonly increases by a factor of 3 (4 in athletes), that is, to rates around 190 beats a minute.

The stroke volume of the heart, the cardiac output, the peripheral resistance, the venous return, the buffer system of the blood, and an amazing matrix of metabolic and enzymatic reactions, in the blood as well as within the cells, all contribute to optimizing the strength and duration of muscular contraction. At the same time, homeostasis, or the state of the internal environment, is kept within the biological limits set for the species.

The most striking adaptations to exercise occur in the cardiovascular system. An average healthy individual who indulges in an exercise regimen designed to increase endurance will experience: decreased heart rate and systolic blood pressure, ventilation requirement, oxygen intake, and lactate-pyruvate production during submaximal effort; and an increase in maximal oxygen uptake of up to 40 percent of the initial value. Additional benefits include an increase in capillarization of muscle; an increase in the diastolic (rest) period of the heart; an increase in arterio-venous oxygen difference at rest and in exercise; and a decrease in the daily work of the heart. Lowering the resting heart rate from, say, 75 to 65 beats a minute saves up to 100,000 beats a week.

Besides the obvious physiological benefits, exercise may also satisfy certain psychological and social needs. Many people exercise for health reasons, for emotional release, for social contacts, for the enjoyment of nature or of competition, or simply for the fun of it.

EXERCISE PROGRAMS

The main objective of an exercise program could be stated as the maintenance of an efficient oxygen-transport system. A field test based on running has been developed by Dr. Kenneth H. Cooper and permits comparison between individuals of the same age and sex. The following are additional objectives.

Maintaining a Reasonable Amount of Body Fat

Experts are unanimous in their opinion that excess fat is not compatible with health. The percentage of body fat should not exceed 16 to 18 percent in men and 18 to 22 percent in women.

Muscle Tone

This implies muscle strength and endurance, particularly of the abdominal and back regions, which are the most vulnerable to flabbiness and fatty deposits in sedentary individuals.

Static and Dynamic Posture

A person who has habitually bad posture and whose pelvis and vertebral column are consequently positioned improperly can progressively lose mobility and decline in physical appearance.

Relaxation

A person who exercises regularly is more likely to detect nervous tension and to take steps to alleviate it. Specific relaxation techniques can help one handle problems and stress more easily and effectively.

The nature, intensity, and duration of exercise and training are important aspects in optimizing the results. Mediocre forms of exercise that guarantee fast results in a few minutes or after a few training sessions are to be avoided. Unfortunately, no magic formulas can guarantee fitness. One gets what one trains for. Exercising at least three times a week at an intensity that is commensurate with a heart rate of 75 to 80 percent of the maximal heart rate for the age is considered a basic principle.

Exercise programs are available in schools, in the community, in business and industry, and in private organizations. Formulas have been designed for everyone, from the athlete to the overweight businessman with heart trouble. The exact nature and intensity of the program should, of course, be decided on an individual basis and if necessary with medical or other professional advice. An exercise regimen should be tailored to a person's age, sex, safety requirements, ambition, motivation, and perseverance.

Fernand Landry

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VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI12.23

GRADE LEVEL: 12
HEALTH/INTEGRATED

GAMES

OBJECTIVE(S):	Students will evaluate the use of games and how playing games and taking part in simulations can be learning experiences.
PHYSICAL SETTING:	Setting in which games can be played.
TEACHER INSTRUCTION:	Teacher may need to facilitate the game playing.
STUDENT ACTIVITY:	1. Students will read material provided on GAMES (below) 2. Students will make lists of games that could be used for learning purposes. 3. Students will play games.
PREPARATION/ MATERIALS/EQUIPMENT:	Access to games.
EVALUATION:	Activity need not be evaluated formally. Participation should be stressed.

Created by: DEBRA DORRANCE -- 6/27/91

STUDENT WORK SHEET

NAME ______________________________________

READ THE FOLLOWING MATERIAL.

ON A SEPARATE PIECE OF PAPER, ANSWER THE QUESTIONS THAT FOLLOW.

Think of games you have played. Keeping those in mind, think of which games or adaptations of those games could be used to teach drug education concepts.

Make a list of those games. If you create the game yourself, briefly describe how the game would be played.

List two games of each type listed.

1. GAMES OF CHANCE

2. GAMES OF STRATEGY

3. WORD GAMES AND SOLITARY GAMES

4. VIDEO GAMES

5. FANTASY GAMES

6. CHILDREN'S GAMES

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Games

Games are models of real-life situations in which--unlike real life--the issues are quite simply drawn and the participants can become engaged without all the confusions that surround everyday action and decision making. The basic function of games is to intensify human experience in ways that are relatively safe, even while they provide suspense and excitement. Typically, games simulate the more intense human experiences: physical combat, intellectual contest, and the expectancy and excitement involved in random occurrences.

This article will discuss the three basic types of games--those of physical skill, chance, and strategy--and show how these types are exemplified in board games, word games, children's games, games of fantasy, and in electronic (video) games.

GAMES OF PHYSICAL SKILL

Games of physical skill are those in which the outcome is determinedby the athletic abilities of the players. At the simplest level such games may not even involve competition. In some very simple cultures there are no competitive games. In these groups one is more likely to find group-effort games: a ball is kept up in the air cooperatively by all the players, or the players, holding hands, whirl around in a circle while trying not to fall over. These games are not unlike those played in early childhood in Western society. In the game of ring around the roses, all the players hold hands, form a circle, and at the end fall over on the ground together. In these group-effort games, there is an implicit contest between the players and their own natures, their lack of skill, or their clumsiness. The ability of the players to work together as a group is emphasized, and the clarity and intensity of their task and its separation from everyday life is what makes the game exciting. (In recent times an organization called The New Games Movement has been created to promote the spread of these more cooperative kinds of games. The founders argue that there is too much competition in modern life.)

Beyond the simple tribal group that must collaborate for its own survival under harsh circumstances and therefore plays only cooperative games are the many groupings in which there is some division of function that is then made a focus of competitive games. A simple example would be a game of tug o'war between men and women. There are a myriad of complex divisions that are emphasized by games involving direct physical combat and trials of skill. Perhaps the most universal game in societies that have only competitive physical-skill games are those involving spear throwing through a target rolled between two teams. The winners are those whose side gets the most spears through the target during its progress.

In modern society the simplest physical-skill games are such contests as races, archery, and darts. Most modern games, however, are combinations of physical skill and strategy. This combination is most apparent in the many varieties of ball games. American football, for example, is probably the most strategic of games involving physical skill, with its various complex plays and its control by coaches from the sidelines.

GAMES OF CHANCE

Until fairly recently, with the growth of state-sponsored lotteries, pure games of chance were not particularly welcome in the United States. Today, however, more money is spent on them and on GAMBLING than on any other types of games. They seem to have originated as a means of simulating control over the future, and they seem more likely to have appeared in societies that believed that they could discover the purposes of the gods through magical means. Today they are likely to be played by people who do not believe that they can influence the course of their lives through personal achievement, and who in consequence gain enjoyment from the magical possibilities offered by games of chance. The simplestsuch games usually involve some form of dice or other random number selection that determines the outcome, as in bingo or the lottery.

The games of chance known from ancient times are those which were played on a board. In most of them, players competed to complete a circuit of the board, by throwing dice to determine the number of steps that could be taken at any one turn. Although many of these games involved some strategy because some choice was available (for example, what number of pieces to move from one position to the next), they were basically games of chance. Such games as parcheesi, backgammon, and dominoes have ancient histories.

Increasingly, however, chance was combined with strategy, and real knowledge helped to determine the outcome. In Monopoly, for example, chance combined with strategy leads by cumulative steps to a winner who can buy out everyone else in the game. In games throughout history, a similar cumulative series of steps brought the player to a kingship, to the gates of heaven, to the ownership of all the cattle, or whatever ultimate end was most prized among the players. Essentially, these games were an illustration in simple form of the many steps that must be taken in personal achievement if success were to be won. The ratio of chance to strategy was a measure of the extent to which the players believed that their lives and progress were in the lap of fate or the result of their own efforts.

GAMES OF STRATEGY

Games of strategy, either by themselves (chess) or in combination with chance (poker) or with physical skill (ice hockey), are the characteristic games of the 20th century. A game of strategy is defined by the fact that its outcomes must be determined by rational decision making. This distinguishes it from games of chance where the outcomes are determined by random choices, and from games of physical skill where the outcomes are determined by athletic abilities.

In the history of civilization, games of strategy seem to have emerged when societies increased in complexity to such an extent that there was need for diplomacy and strategic warfare. In many respects the earliest games of strategy are the intelligence tests of their era. Mancala, or wari, for example, the strategic game of the African continent first played in ancient Egypt, involves each player having a number of pieces that are distributed about the playing board. At each move, each player must make estimates involving numerical skill and good judgment in order to capture the opponent's pieces. It is hard to play this game without the feeling that one is participating in one of those basic stages of civilization where the accumulation of property is what is at issue. In where the players attempt to surround each other's pieces, one has the experience of a blockading kind of warfare. The Indoeuropean game of chess, by contrast, has been seen as a battle between different social orders, with the status of each member--from king to pawn--being carefully stated. Here the aim is not to surround the enemy but to capture and exterminate them.

In modern times, many games no longer offer their winners the symbolic significance (king, owner of all the cattle) of a win. Trivial Pursuit, for example, is a game for those who believe that information is important and wish to appear superior at knowing such information, but safeguard themselves from any real contest of knowledge by characterizing their answers as "trivial." As in all other games, the player's protection from the same issues in real life is most important.

WORD GAMES AND SOLITARY GAMES

The original word game is undoubtedly the riddle, which is essentially a strategic contest over information. The player must be able to untangle the riddle's linguistic deceits in order to discover the answer. The riddle was in the first place a competition in esoteric knowledge, a game of fundamental rather than trivial pursuit. Often it was associated with magical ceremonies, and the player's life could be at stake if he or she gave the incorrect answer. (This kind of game is hardly fun, and it is important to realize that the modern definition of games as un--that is, as posing no real danger--is a product of industrial civilization, where games are no longer a part of religious life, as many of them once were.)

The arrival of printing in the 15th century, and the spread of the ability to read, enormously increased the number of word games, even as these games lost their ancient mythological and religious connections. Today, some word games involve the guessing of enacted meanings, as in charades. Others require the guessing of correct answers based on information provided by different systems of clues. In Guggenheim or geography, players must guess the correct categories; in Botticelli, the correct person; in twenty questions, the correct word.

Many modern word games can be enjoyed solitarily. More children nowadays read riddles in books than engage in riddle contests with their peers. Just as literacy allowed people to become solitary through reading, in a way that had never before been possible, it also gave them the tools to play solitary games. These games now include mathematical puzzles, logical puzzles, and most important, word games such as the crossword puzzles that are read and worked out by thousands of persons every day. Just as today's society is a civilization in which competence with words is critical, so it is a culture in which individual and solitary achievement are also critical to success. It is not surprising, therefore, that for the first time in history many of the games of ordinary people are solitary games.

VIDEO GAMES

The most extraordinary solitary game of the age is no doubt the video game, played in games arcades and on home television screens everywhere. The video game is not simply a game of physical skill, chance, or strategy, but combines all of these to produce something completely new. There is physical skill in adjusting perceptually to the immense amount of visual information provided on the screen, information that appears with high velocity and must be adapted to quickly if the player is not to lose. Children seem to be able to learn how to manipulate these games much more quickly than do adults, suggesting that their perceptual alertness is not yet obstructed by too many preexisting ideas and strategies. Many video games are programmed to allow seemingly random events to occur, so they are also games of chance. In most games, however, decisions must be made on the basis of perceived changes or recognizable logical sequences, so strategy is also involved. Video games are in many ways a symbolic substitute for living in difficult conditions where one must learn to adapt to constantly recurring emergencies.

As yet, there has been developed no theory based on video games that might be a generalized model of how to adapt to life. One can predict that such a theory may some day be developed, because two major theories about modern life have already come out of games. The first is probability theory, which was first developed out of games of chance in the 17th century by Blaise Pascal. The other, game theory, developed out of games of strategy in this century by John von Neumann and Oskar Morgenstern, is a system for predicting how people should behave in situations of conflict in order to win.

FANTASY GAMES

Some psychologists argue that a functioning imagination is the most important skill one can possess, but although there are games that hone one's abilities to think logically or sharpen one's athletic skills, it has taken some time for purely imaginative games to develop. The best known is Dungeons and Dragons, in which the players act out a scenario invented by the games master, leader of the game. The scenario itself is often derived from science fiction or fantasy stories with which all the players are familiar. Unlike video games, where the player manipulates symbols on a screen, in Dungeons and Dragons the players become their own symbols, acting out roles as lords, monks, monsters, witches, and so forth. The game is a drama in which the outcomes are dependent on the fantasies of the master and the players, as well as on the rolls of the dice that determine how far a player may go toward the goal, whether or not his or her character has the ability to perform certain feats, and what kind of luck will accompany each move. The game may be played on a board drawn by the master, or in a location--a building, a city block--mapped to represent the world of the game.

CHILDREN'S GAMES

The first teachers of children's games are likely to be parents, and the first games are usually face games, where parents attract their infant's attention by making funny faces. Between three and six months, mother and baby learn to imitate each other's funny faces, or to rediscover each other's face hidden under a blanket. Even in these early collaborative games one sees how the excitement of the game exists in the tension between what is expected when the blanket is lifted, and what is actually there. All games require some such tension of opposites. In the second half of the first year the mother or father plays hand and body games such as "this little piggy went to market," where the child's toes personify the various piggies and the game always ends with a great tickle. After several repetitions the baby learns to anticipate the outcome, and its excitement rises until it screams with laughter at the finish. Thus are born the rising and falling emotional crescendos of games.

By the second year of life toddlers are able to mimic each other in the same way as they have mimicked their parents. By three and four years of age the child plays simple collaborative games with larger groups. These are often games of order and disorder, in which a group of children imitate each other in some unseemly fashion--all banging their blocks on the table in mounting noisiness, or all falling over in the sandpit. By five and six years children begin to play recognizably traditional games. At the root of these games one can see the major oppositions in both animal and human culture, namely chase and escape, and attack and defense. The existence of such games among animals suggests that they must have very basic survival value for all species. Games can be distinguished from PLAY by these internal oppositions of order and disorder, chase and escape, attack and defense, win and lose. Play does not require such internal oppositions, although play shares with games the quality of being opposed to everyday life by its more schematic and caricatural nature. Both play and games mimic and mock everyday life. The little girl dressed in her mother's big shoes and oversized hat, and the soccer player spinning backwards to kick a ball into the net are both playing out-of-size roles from the perspective of everyday behavior.

From seven onward children gradually begin to play games that have less to do with symbolic survival and more to do with achievement. In general girls are less competitive than boys and play games where there is more defined turn-taking, such as jacks, hopscotch, and jump rope. Boys begin quite early to be organized into smaller-sized versions of the sports of their fathers (Little League baseball). This difference between the play of girls and boys is often repeated in the difference between men's and women's attitudes toward play, where women seem to prefer play that is more informal, spontaneous, and collaborative, while men seek play that is organized and competitive. Whether these differences are the result of genetic patterning or learned behavior is an issue that now occupies psychologists, brain physiologists, and other scientists.

For both children and adults, games appeal because they deal with the exciting issues of the day in a way that is sufficiently simplified to be manageable within the imposed limits of space and time. In games players can invest themselves totally and passionately, without immediate concern for their everyday lives. What propels the players forward is the importance of the issues at stake in their real lives. These issues have to do with personal achievement, status, security, anxiety, and the ability to collaborate. Although game playing is treated separately from everyday life, being a good or a bad game player is a matter of fundamental importance to everyone, and in every society.

Brian Sutton-Smith

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VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI12.28

GRADE LEVEL: 12
HEALTH

HUMAN NUTRITION

OBJECTIVE(S): Students will be introduced to the science of human nutrition.

PHYSICAL SETTING: Classroom

STUDENT ACTIVITY: Reading for content
Answering questions

PREPARATION/ MATERIALS/EQUIPMENT: Student copy of lesson on Human Nutrition (begins next page)

EVALUATION: Student's written responses should be complete and accurate.

Created by: DEBRA DORRANCE -- 6/27/91

STUDENT WORK SHEET

NAME______________________________________

INSTRUCTIONS: **Read the following information on human nutrition and answer the questions.**

QUESTIONS------------

1. WHAT IS A NUTRITIONIST?

2. WHAT IS A CALORIE?

3. LIST THE ESSENTIAL NUTRIENTS.

4. WHAT FOODS DO YOU EAT THAT PROVIDE THE FOLLOWING:

   Proteins?

   Vitamins?

   Minerals?

   Fats?

   Carbohydrates?

5. LIST THE MAJOR FOOD GROUPS.

6. WHAT ARE THE PRO'S AND CON'S OF ADDITIVES?

7. WHY IS IT TO OUR BENEFIT THAT FOODS BE LABELED IN REGARD TO NUTRITIONAL CONTENT?

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READING----------------

SOURCE:
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nutrition, human

Nutrition is the science that interprets the relationship of food to the functioning of the living organism. It is concerned with the intake of food, digestive processes, the liberation of energy, and the elimination of wastes, as well as with all the syntheses that are essential for maintenance, growth, and reproduction. These fundamental activities are characteristic of all living organisms--from the simplest to the most complex plants and animals. Nutrients are substances, either naturally occurring or synthesized, that are necessary for maintenance of the normal function of organisms. These include carbohydrates, lipids, proteins, vitamins and minerals, water, and some unknown substances.

The nutritionist, a scientist working in the field of nutrition, differs from the dietitian, who translates the science of nutrition into the skill of furnishing optimal nourishment to people (see DIET). Dietetics is a profession concerned with the science and art of human nutrition care, an essential component of the health sciences. The treatment of disease by modification of the diet lies within the province of the physician and the dietitian. Such modification can be, and often is, effected without the use of special foods, simply by changing the methods of food preparation or by restricting the diet. Special foods for particular dietary uses differ from ordinary foods by their specific composition or by physical, chemical, or other modifications resulting from processing. If there is an inability to metabolize one of the normal constituents of a diet, then this must be removed from the diet. Therapeutic diets fall into a number of categories.

The foods consumed by humans must contain, in adequate amounts, about 45 to 50 highly important substances. Water and oxygen are equally essential. Starting only with these essential nutrients obtained from food, the body makes literally thousands of substances necessary for life and physical fitness. Most of these substances are far more complicated in structure than the original nutrients.

Energy metabolism and requirements are customarily expressed in terms of the calorie, a heat unit. Adoption of the calorie by nutritionists followed quite naturally from the original methods of measuring energy metabolism. The magnitude of human energy metabolism, however, made it awkward to record the calorie measured, so the convention of the large calorie, or kilocalorie (kcal), was accepted. Atwater factors, also called physiologic fuel factors, are based on the corrections for losses of unabsorbed nutrients in the feces and for the calorie equivalent of the nitrogenous products in the urine. These factors are as follows: 1 g of pure protein will yield 4 calories, 1 g of pure fat will yield 9 calories, and 1 g of pure carbohydrate will yield 4 calories.

ESSENTIAL NUTRIENTS

Proteins.

Proteins are widely distributed in nature, and no life is known without them. They are made up of relatively simple organic compounds, the amino acids, which contain nitrogen and sometimes sulfur. Humans and animals build the protein they need for growth and repair of tissues by breaking down the proteins obtained in food into their component parts, the amino acids, and then building up these components into proteins of the type needed. The protein-rich foods from animal sources contain complete proteins, which supply all the amino acids in the proper proportions necessary in the human diet. A combination of proteins of plant and animal origin works well in supplying human protein needs. A protein allowance of about 1 gram per kilogram of body weight per day for the normal adult is the widely accepted standard.

The world's most prevalent nutritional deficiency is lack of protein. This deficiency affects physical growth and mental development, causes emotional and psychological disturbances, and reduces resistance to and subsequent recovery from diseases and infections, consequently shortening the life span. Kwashiorkor is the typical protein malnutrition found in children. The disease syndrome is variable and is characterized by growth retardation, loss of body fat, and muscle wasting.

Vitamins and Minerals.

Most foods contain several vitamins and minerals. Vitamins are organic food substances, needed only in minute quantities but essential for the normal metabolism of other nutrients to promote proper growth and maintenance of health. Many act as catalysts or help form catalysts in the body. Minerals--such as calcium, iodine, and iron--are essential to life and health. Minerals are a necessary part of all cells and body fluids and enter into many physiological and structural functions.

Fats and Carbohydrates.

Fats, which are widely distributed in nature, are a concentrated food source of energy. Fats are glyceryl esters of fatty acids and yield glycerol and many different fatty acids when broken down by hydrolysis. Carbohydrates are the most abundant and least expensive food sources of energy. Important dietary carbohydrates are divided into two groups--starches and sugars. The starches, which may be converted into utilizable sugars in plants or in the human body, are supplied in the grains, the pulses, the tubers, and some rhizomes and roots. The sugars occur in many plants and fruits, the most important as a food commodity being sucrose, which is obtained from sugarcane or the sugar beet.

FOOD GROUPS

Meat and Meat Substitutes.

Foods can be classified into several groups: milk, vegetable-fruit, meat and meat substitutes, bread-cereal, and other foods. The meat-and-meat-substitutes group includes beef; veal; lamb; pork; variety meats, such as liver, heart, and kidney; poultry and eggs; fish and shellfish; and dried peas and beans and nuts. This group contains many valuable nutrients. Because meat contains 9 to 19 percent protein, it is a very useful protein source. The protein quality is minimally affected by normal heating. Severe protein heating, however, alters amino acids and bonding forces within the protein and thus reduces protein quality. The amount of fat in a serving of meat depends on the kind of meat as well as on the amount of trimming and the method of cooking. The minerals copper,iron, and phosphorus occur in meats in significant amounts. The quantity of iron and copper found in liver is of particular interest. Pork liver contains considerably more iron than beef liver, but beef liver is also an excellent source of iron. Different meats vary in their vitamin content. Thiamine, riboflavin, and niacin, all B vitamins, occur in significant amounts in all meats. Pork is particularly high in thiamine. Liver usually contains a useful amount of vitamin A.

Fruits and Vegetables.

The fruits-and-vegetables group includes all vegetables and fruits. Most vegetables are an important source of minerals, vitamins, and cellulose, and certain vegetables, such as potatoes, contribute appreciable quantities of starch. Large amounts of the minerals calcium and iron are in vegetables, in particular, beans, peas, and broccoli. Vegetables also help to meet the body's need for sodium, chloride, cobalt, copper, magnesium, manganese, phosphorus, and potassium. Carotenes (the precursor of vitamin A) and ascorbic acid (vitamin C) are abundant in many vegetables. Vegetables are useful in the diet for their cellulose content. Very little, if any, cellulose is digested in the body, but cellulose provides the roughage required to promote motility of food through the intestines.

The citrus fruits are a valuable source of vitamin C, and the yellow fruits, such as peaches, contain carotene. Dried fruits contain an ample amount of iron, and figs and oranges are an excellent source of calcium. Like vegetables, fruits have a high cellulose content.

Milk.

The milk group includes milk, cheese, and ice cream. The importance of milk in the diet has long been recognized. Whereas milk contains important amounts of most nutrients, it is very low in iron and ascorbic acid, and it is low in niacin. Calcium and phosphorus levels in milk are very high. Vitamin A levels are high in whole milk, but in the production of skim milk this fat-soluble vitamin is removed. Riboflavin is present in significant quantities in milk unless the milk has been exposed to light. The composition of whole milk is approximately 4.9% carbohydrate, 3.5% fat, 3.5%

protein, and about 87% water. The main carbohydrate in milk is lactose, or milk sugar. The most abundant fatty acids in milk are oleic, palmitic, and stearic acids. Milk is a complete protein food containing several protein complexes; the chief protein fraction in cow's milk is casein. The whey protein complex includes lactalbumin, lactoglobulin, and lactomucin.

Bread-Cereal.

The bread-cereal group includes all breads and cereals that are whole grain, enriched, or restored. Protein content is not high in cereals, but the large intake of cereals in some diets makes these products a significant source of protein. All cereals are very high in starch and hence are good, generally inexpensive sources of energy. The fat content of cereal products generally is very low unless the germ is included in the food. The whole-grain products contribute significant quantities of fiber and such trace vitamins and minerals as pantothenic acid, vitamin E, zinc, copper, manganese, and molybdenum.

Other Foods.

To round out meals and to satisfy the appetite, other foods included in the diet are butter, margarine, other fats, oils, sugars, or unenriched refined-grain products. These are often ingredients in baked goods and mixed dishes. Fats, oils, and sugars are also added to foods during preparation or at the table. The other foods supply calories and can add to total nutrients in meals.

DIETARY STANDARDS

The dietary standards used in the United States are the Recommended Dietary Allowances (RDA), which were developed by the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The allowances are described as the levels of intake of essential nutrients considered--in the judgment of the Food and Nutrition Board on the basis of available scientific knowledge--to be adequate to meet normal nutritional needs.

Energy.

Energy allowances are set for different age groups, for which average heights and weights are assumed. Therefore, individual energy needs that vary with body height and weight as well as age can roughly be surmised from the recommendations. More important than body size, however, is individual activity. The energy allowance is set at the lowest value that appears to be compatible with good health. A decrease in recommended energy allowance with increasing age is consistent with the known decrease in basal metabolic rate that occurs with aging and with a possible decrease in physical activity. Energy needs of children vary even more widely than those of adults, primarily because activity patterns differ markedly among individual children. A modest increment of 300 kcal is recommended for women during the latter half of pregnancy because of limited physical activity associated with labor-saving devices, general pattern of living, and possible decrease in activity due to body bulk in late pregnancy.

Protein.

Recommended daily allowance for protein for adults is 0.8 g/kg desirable weight. The recommendation assumes 70% efficiency in utilization of dietary protein and amounts to 56 g/day for men weighing 70 kg (154 lb) at the age of 23 and 46 g/day for women weighing 58 kg (128 lb) at the age of 23. Protein allowances for infants and children are based on growth rates and changes in body composition. An increase of 30 g/day of protein is recommended from the second month on during pregnancy.

FEDERAL GUIDELINES

In 1980 the U.S. Department of Health and Human Services outlined certain guidelines for nutrition, which recommended that people eat a variety of foods daily, including fruits; vegetables; whole and enriched grain products; dairy products; meats, poultry, fish, and eggs; and dry peas and beans. The greater the variety of foods eaten, the less likely is a deficiency or excess of any single nutrient to develop. Women who are pregnant or of childbearing age, elderly people, and infants have special nutritional needs, but on the whole most people can derive essential nutrients by eating the type of foods mentioned in the guidelines.

The report emphasized that people should increase their consumption of complex carbohydrates--fruits, vegetables, and other unrefined foods--and naturally occurring sugars. The guidelines also recommended reducing the consumption of refined and processed sugars. They encouraged a reduction in fat consumption by decreasing the amount of fatty meats and replacing foods in the diet that have saturated fats with those having unsaturated fats. A reduction in the sodium intake by decreasing the amount of salt added to food was also recommended.

Controversy.

The dietary goals suggested reducing cholesterol intake by decreasing the amount of butterfat, eggs, and other sources in the diet. Controversy arose concerning cholesterol intake even though abundant evidence indicates that dietary fat and cholesterol are factors that increase the risk of atherosclerosis and coronary heart disease, which leads to heart attacks. In a separate action, the Food and Nutrition Board concluded that the evidence warrants no specific recommendations about dietary cholesterol for the healthy person, who does not need to be concerned about fat intake.

Scientists and industry personnel are debating whether the diet of the U.S. population should be modified on the basis of these federal guidelines. The proportion of the population that would benefit from such changes is unknown, although early in 1984 the U.S. National Heart, Lung, and Blood Institute reported the results of a long-term study showing that persons with high cholesterol levels are clearly under greater risk of heart attacks and developing heart diseases than are persons with normal cholesterol levels.

Additives.

The use of food additives is an unresolved dilemma. Although essential to the modern food industry, these additives are being associated with toxic hazards and health risks. A whole system of federal food-safety laws and regulations, as well as international food-safety agencies and guidelines, have been evolved in an attempt to keep foodstuffs free of toxic elements.

FOOD LABELING

Nutritional labeling seems to be a solution to the problem of consumer ignorance of nutrients in foods. For a meaningful labeling program, the nutritional constituency in terms of percentage of the RDA for each nutrient and a system of freshness dating should be included on each label. This development would bring major changes in food labeling on the packages and would give information about serving size, number of servings, calories, proteins, carbohydrates, fats, vitamins, and minerals per serving. Since 1973 the U.S. Food and Drug Administration has required complete nutrition labeling, but only if a nutrient is added to a food or a nutrient claim is made by the manufacturer. Some manufacturers have also voluntarily supplied such information on packages.

Education concerning food and its value is necessary for individual action. The diets of many people, including those in the affluent world, are deficient in important nutrients--unnecessarily so sometimes because the food is available in abundance or at least in adequate supply. Even when people possess the purchasing power to buy the food, it is often not consumed in favor of either more traditional dishes or more sensually appealing foods.

Nutritionists, physicians, and dietitians are faced with the problems of acquainting people with nutritious foods available to them, supplying them with the knowledge to make good nutritional decisions, and educating them to the dangers of poor food habits. Merely introducing people to wholesome food is not enough. People must also come to enjoy and actually prefer nutritious food if nutritional health is to become a reality.

D. K. Salunkhe

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VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI12.5

GRADE LEVEL: 12
SCIENCE

PHARMACEUTICAL INDUSTRY

OBJECTIVE(S): Students will explore the pharmaceuticalindustry

PHYSICAL SETTING: Individual or group setting

TEACHER INSTRUCTION: Teacher will act as guide

STUDENT ACTIVITY: Student will answer questions based on the reading.

EVALUATIONS: Teacher will evaluate answers to questions.

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STUDENT WORKSHEET---

NAME_______________________________________

DATE_______________________________________

* REVIEW THE FOLLOWING QUESTIONS.
* READ THE MATERIAL WITH THE QUESTIONS IN MIND.
* ANSWER THE QUESTIONS, USING THE BACK IF NECESSARY.

QUESTIONS:

1. DESCRIBE IN YOUR OWN WORDS WHAT THE PHARMACEUTICAL INDUSTRY IS.

2. WHAT IS THE PHARMACEUTICAL INDUSTRY RESPONSIBLE FOR MANUFACTURING ?

3. WHAT KIND OF RESEARCH GOES ON IN THE PHARMACEUTICAL INDUSTRY ?

4. WHAT COMMON PRODUCTS ARE MARKETED THROUGH OUT THE PHARMACEUTICAL INDUSTRY ?

5. ARE THERE ANY REGULATIONS / REGULATION AGENCIES INVOLVED WITH THE PHARMACEUTICAL INDUSTRY ?

Created by: DEBRA DORRANCE -- 5/5/91

READING ....

SOURCE:

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pharmaceutical industry

The pharmaceutical industry is made up of hundreds of companies that discover, develop, produce, and sell drug products. These products are used by health professionals to prevent and cure some diseases and relieve symptoms of other ailments. Throughout the 20th century and especially from the 1940s on, members of the industry have discovered new drugs that cure previously incurable diseases, prevent diseases that are epidemic in nature, reduce the frequency and length of hospital stays, and increase life expectancy. These drugs have been marketed and sold on a nationwide and sometimes international basis.

Manufacture

Both over-the-counter and ethical, or prescription-only, drug products manufactured in the United States and throughout most of the world must be made according to Good Manufacturing Practice regulations. Each lot of active and inactive raw materials, containers, and closures received in a plant is sampled and tested before it can be used in a pharmaceutical product. The products are made according to strictly written batch records, some of which may be 30 pages in length. Qualified pharmacists measure, check, and recheck each step in the manufacturing. The batch is sampled, tested, and approved before it is released for shipment to drug wholesalers, hospitals, and pharmacies. All drug products bear an expiration date on the package label, which informs the user as to the product's duration of potency.

Each drug manufacturer must register with the Food and Drug Administration (FDA), providing a list of each product it makes. Every two years the FDA sends an investigator to the manufacturing plant to inspect for compliance with federal regulations. The research and development of a drug product and its actual production are heavily regulated by the FDA and similar agencies through out the world.

Research

Most of the contributions to better medical care from the pharmaceutical industry occur as a result of research and development (R & D). Besides the more traditional R & D of chemical pharmaceuticals, such highly advanced technological areas of science as recombinant DNA research are being explored by various firms in order to improve such drugs as insulin, interferon, and certain hormones. Another technique finding growing use in drug R & D is computer-aided design. The ethical-drug industry spends more than 50 percent of its multibillion-dollar profits for R & D activities. Safety and efficacy tests account for up to 60 percent of the total. Almost all of these funds are generated by the companies themselves. Government funding of research for pharmaceuticals historically has been about 1 percent of the total expenditure, but recently federal funds have increased for cancer drug research.

Each new product can cost up to $100 million for R & D, on the average, since such costs include those of drugs that proved unsuccessful. For each new product, companies must obtain an approved New Drug Application from the FDA. Clinical tests are used to prove the drug safe, after previous animal experimentation has been done. This process may take up to ten years before a drug can be marketed, seven years for the preclinical and clinical trials and three for passage through bureaucratic procedures.

Generic drug products are those produced by more than one company and are known by their pharmaceutical name rather than by a trade or brand name. Prescriptions may be less expensive if filled generically, allowing the pharmacist, and the consumer, to choose a less expensive but equivalent product. The generic drug companies, however, must meet the same manufacturing requirements of the FDA.

Marketing

Sales of over-the-counter pharmaceuticals are a function of retail pharmacies and other drug departments. These products included vitamins, cough and cold remedies, laxatives, analgesics, antiseptics, antacids, and contraceptives.

Ethical pharmaceutical products are sold only on a prescription order from a physician or dentist and are dispensed by a pharmacist. The information concerning a product is provided to the physician and the pharmacist by the company's medical-service representative. Some of the prescription-only classes of drugs are antiinfectives, sedatives, ataractics, antispasmodics, cardiovascular drugs and antihypertensives, analgesics, and hormones. Whereas health-care costs have escalated markedly since 1965, prescription-drug costs have increased only moderately and currently represent less than 10 percent of the health-care dollar.

Regulations

Both the research and development of a drug product and its actual production are heavily regulated by the FDA and similar agencies throughout the world. The Pure Food and Drug Act enacted in 1906 and the Food, Drug, and Cosmetic Act (1938) have governed the industry in the United States. More recent laws, amendments, and regulations--including Drug Enforcement Administration (DEA) requirements for scheduled, or restricted, drugs--impose responsibility on the pharmaceutical industry to make available only products that have been proved safe and effective. Incidents such as the 1982 poisoning of Tylenol capsules led to FDA regulations on tamper-resistant seals for over-the-counter drugs; similar scares in 1986 caused the manufacturer of Tylenol to cease producing drugs in capsule form, but the FDA did not seek to make this an industry-wide measure.

James L. Olsen

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VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI12.22

GRADE LEVEL: 12
SCIENCE/HEALTH

DIETING

OBJECTIVE(S): Students will evaluate common dieting methods.

PHYSICAL SETTING: Any setting in which student is capable of reading.

STUDENT ACTIVITY:

1. Student will read DIETING material that follows.
2. Student will answer the questions on the STUDENT WORK SHEET.

EVALUATION: Teacher may evaluate students' activity on an oral or written form.

Created by: DEBRA DORRANCE -- 6/27/91

STUDENT WORK SHEET NAME________________________________

INSTRUCTIONS: Read the following material.
Answer the following questions.

QUESTIONS-------

1. Have you ever been on a diet?

2. How did you go about dieting?

3. Were you successful?

4. Make a list describing a "diet" that would be prescribed by a doctor.

5. What should dieters definitely NOT do ?

6. What kinds of exercise do you think would be most beneficial to a dieter ?

7. Besides watching your calories and exercising, what else could one do to become healthier individual?

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DIETING

The term dieting most commonly refers to the revision of food intake in order to lose weight, although diets are also observed for a wide range of medical reasons or to accord with dietary laws or ethical positions such as vegetarianism. In the United States and other developed nations where obesity is a common metabolic problem, the promotion of weight-loss programs has become a large enterprise. This interest in dieting is caused in part by a cultural emphasis on the desirability of slimness, but obesity is also considered a genuine biological hazard that puts people at risk for cardiovascular problems, diabetes, and other disorders.

People often find diets hard to maintain, in part because they may have unrealistic expectations about how quickly they can lose weight. They may blame the diet itself and try another one. Many of the fad diets being offered, however, are unhealthy and even dangerous if followed for any length of time. The only proper weight-loss diets are those which observe good nutritional practices of balanced food intake, including the recommended daily regimens of vitamins and minerals.

General Guidelines.

In nutritional science, food energy is spoken of in terms of a heat unit, the calorie (actually the large calorie, or kilocalorie). The only sources of calories are carbohydrates, proteins, fats, and alcohol. If the number of calories taken in greatly exceeds the number used, the excess is stored as fat and obesity results. With proper dieting and exercise, however, the fat stores in the body will supply some of the dieter's energy needs while maintaining good health. For most people, the recommended rate of weight loss is about 0.7 to 0.9 kg (1.5 to 2 lb) per week. This can be achieved on diets limited to 1,200-1,500 calories a day for women and 1,500-2,000 calories a day for men; calorie needs of children vary greatly, and their rates of weight loss should be prescribed by a physician.

In fact, the most sensible approach to weight loss is to begin with a medical check-up to make certain that no special health problems exist, and to get a diet and exercise prescription from a physician. Most simply, the diets that are acceptable to the medical establishment are those in which fewer calories are eaten and the amount of exercise is increased. This is called the calorie-balance approach to dieting. Although some diets may place more emphasis on calorie reduction and others on increased exercise, all of them emphasize the importance of good nutrition and maintaining a balance of proteins, carbohydrates, and fats.

Diet Problems.

Many of the commercially offered diets emphasize one dietary element at the expense of others; all such practices present health problems. Low-carbohydrate diets, for example, restrict the amount of bread, sugar, and grains while maintaining a normal amount of protein and fats. Most of the initially rapid weight loss from such programs is from the body ridding itself of water and salt. A plateau is reached after one or two weeks, and no additional weight is lost for several weeks thereafter. Most people experience fatigue, hypotension (low blood pressure), and dizziness after only a few days on such diets, which are actually adaptations of the American Diabetes Association's diet for persons with that disorder.

High-protein diets virtually eliminate carbohydrates and fats. Because carbohydrates are the most readily available source of energy, an all-protein diet forces the body to burn stored fat and protein. When these stores are metabolized, a condition called ketosis results. This is a serious complication of diabetes mellitus and of starvation and can produce coma. High-protein diets can be used for only a short period of time and are dangerous for anyone with diabetes, kidney disorders, or other medical problems.

High-fat diets require complete elimination of carbohydrates for the first weeks, with very small amounts added during successive weeks. Such diets also cause ketosis and have received much criticism from the medical establishment, because diets high in fats and cholesterol are hazardous for persons with atherosclerosis and heart disease. The diets also cause diarrhea, vitamin loss, hypotension, and dehydration, and they irritate the kidneys.

Numerous diets emphasize one food, such as rice, grapefruit, ice cream, or yogurt. These are obviously not nutritionally balanced, require vitamin and mineral supplements, and should be used at most for only a very short period of time. Formula diets in liquid or powder form, which typically supply from 900 to 1,200 calories per day, claim to contain the recommended daily allowances of nutrients; serious health problems, however, have sometimes been reported with their use. Nonprescription drugs that suppress the appetite have little effect by themselves and must be used with a sensible diet plan; there are some indications that they, too, can be harmful. As for starvation dieting, this dangerous practice should be attempted--if at all--only under strict medical supervision. Such extreme practices may also indicate psychological disturbances such as anorexia nervosa and bulimia.

Group Approach.

One of the most successful weight-loss techniques is the group-support approach, patterned after Alcoholics Anonymous. The nonprofit organization TOPS (Take Off Pounds Sensibly) and the commercial Weight Watchers are two examples; these groups promote a nutritionally balanced, low-calorie approach to dieting.

William A. Check

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VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI12.26

GRADE LEVEL: 12
SCIENCE/GOVERNMENT

OCCUPATIONAL DISEASES

OBJECTIVE(S):	Students will explore the possible occupational diseases associated with different careers.
PHYSICAL SETTING:	Classroom
STUDENT ACTIVITY:	Reading for content.
MATERIALS:	Student copies of OCCUPATIONAL DISEASES lesson (begins following page)
EVALUATION:	Written assignment should be evaluated.

Created by: DEBRA DORRANCE -- 6/27/91

STUDENT WORK SHEET

NAME______________________________

DIRECTIONS: **Read the following information concerning occupational diseases. Then, make a list of all occupations mentioned and the disease associated with the occupation.**

LIST:

OCCUPATION DISEASE

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SOURCE:

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diseases, occupational

Diseases that result from exposure to poisonous chemicals, radiation, noise, and other hazards of the workplace are classed as occupational diseases. Together, they are a major cause of illness and death, particularly in modern industrialized countries. The problem of work-caused disease, however, is an ancient one. For example, the link between lung diseases and mining has been recognized for centuries. By the time of the industrial revolution, many other occupational diseases were known. The first occupational cancer was reported in 1775 by percivall pott, a doctor who observed a scrotal skin cancer in English chimney sweeps, presumably caused by soot, which contains many carcinogens (cancer-causing substances). In industrialized areas during the 19th century, many deadly occupational diseases among working people were known. These included the mercury poisoning familiar to hatters, who used mercuric nitrate in the preparation of felt. (The nervous Mad Hatter in Alice in Wonderland is a fairly accurate portrayal of a person suffering from the nerve damage caused by mercury exposure.) Another common affliction was "phossy jaw," caused by the phosphorus used in manufacturing matches, which eroded some of the bone structure of the face. Pottery workers suffered the effects of silicosis, a lung disease caused by exposure to the silica dust in clay, and the lead used in pottery glazes caused lead poisoning. In one 19th-century commercial pottery center in the United States, it was unusual for workers to live to the age of 40.

Occupational disease became a subject of medical study in 19th-century Europe. By 1900, as hundreds of new substances were introduced into commerce, a few doctors in the United States began work on the problem. Prominent among them was Dr. Alice Hamilton, who studied lead poisoning among factory workers in Chicago and found 77 different occupations where lead poisoning was an occupational hazard. Dr. Hamilton's work was helpful in producing the first attempts at corrective legislation. She died at the age of 101 in 1970, the year the Occupational Safety and Health Act was passed.

TYPES OF OCCUPATIONAL DISEASES

The principal categories of occupational disease are those caused by biological and physical hazards, by a variety of dusts and other particulates produced in manufacturing and mining, and by many of the chemicals used to produce such relatively new products as plastics. The disease problem is compounded by the phenomenon known as synergism, where the toxicity of a substance in the body is increased when other toxic substances are also present. An asbestos worker, for example, is far more likely to contract lung cancer if he or she is also a cigarette smoker.

Biological Hazards.

Exposure to infectious disease is common among hospital workers. Agricultural workers are subject to many diseases transmitted by animals; for example, workers handling wool and hides may be exposed to the often fatal bacterial disease, Anthrax. Long-term occupational exposure to plants and plant products sometimes induces allergic responses, including asthma and hay fever.

Physical Hazards.

Noise, radiation, heat, cold, and low-frequency vibrations are all physical hazards of the workplace. Of these, exposure to noise is the most prevalent industrial hazard, causing permanent deafness and stress-related conditions such as high blood pressure. Noise is measured in decibels (dB). (See SOUND AND ACOUSTICS.) Under present law the allowable average exposure over an 8-hour period is 90 dB. Many workers, however, suffer deafness at this level, and some are even affected at a level of 85 dB. In addition, the 90-dB standard does not take into account stress as a factor in noise exposure.

Radiation-induced cancers first attracted public notice during the 1920s, when workers whose job it was to paint radium on watch dials (to make them luminous) contracted bone cancer. The wide use of radioactive substances since World War II is considered a major reason for the increase in the number of cancer cases, particularly among workers in nuclear power and fuel reprocessing plants and in shipyards where nuclear-powered vessels are built.

Dust Diseases.

Among the most common occupationally induced diseases are: miners' diseases, including Black Lung; silicosis, a disease of potters, miners, tunnel workers, and others who work near silica dust; asbestosis; byssinosis, or Brown lung, caused by cotton dust; and various metal-dust diseases. In recent years the recognition of asbestos-related diseases has brought to light major problems, since the mineral is widely used in the construction of houses and buildings, as well as in a range of consumer products. Mesothelioma, an asbestos-caused cancer, appears, on the average, 20 to 30 years after exposure; it has no known cure. The families of workers are also at risk from the asbestos dust brought home from the workplace on clothing and shoes.

Chemical Hazards.

Thousands of chemical substances are in commercial use, and almost all present some hazard. Perhaps one in ten causes cancer. (Although the current number of proven carcinogens is much lower, most chemicals have not yet been adequately tested for carcinogenicity.)

The hazards associated with the chemical class known as halogenated hydrocarbons are typical of many other chemical substances. The halogenated hydrocarbons used in the manufacture of pesticides, herbicides, industrial solvents, refrigerants, and plastics are known to cause damage to the liver, nervous system, skin, and sometimes other organs; many of them cause cancer. Workers are usually exposed to much higher concentrations than the general public and are therefore much more at risk. Standards regulating exposure levels have been set for some of these substances but not for others. Some uses have been stopped because of the dangers; some continue with added precautions; many simply continue.

Occupationally Induced Cancers.

The National Cancer Institute has estimated that about 20 percent of all cancer in the United States is caused by occupational exposure. Because cancers sometimes take 20 to 30 years after exposure to develop, documentation of the occupational cause is often difficult, although with such cancers as asbestos-caused mesothelioma, no other cause is known. About 1,500 substances are suspected of causing cancer; for a few hundred, the proof is considered strong. Fewer than 30 of these, however, are at present regulated by law. Industry generally has resisted the federal classification of such industrially important substances as carcinogens, primarily because the stringent manufacturing precautions that would be required after such classification would be expensive to implement.

PRESENT U.S. LAW

The Occupational Safety and Health Act that became law on Apr. 28, 1971, established the National Institute of Occupational Safety and Health (NIOSH) to do the research necessary to establish basic health and safety standards in all industries. The act also established the Occupational Safety and Health Administration (OSHA) within the U.S. Department of Labor and empowered OSHA to write and enforce the regulations based on those standards. The Department of Health and Human Services also has specific responsibilities under the act.

Although many safety regulations have been adopted, health regulation has been limited. Some of the most widely used chemical compounds are now regulated, but they account for a minuscule proportion of the total number of hazardous substances. Industry has been almost universally opposed to setting new rules or making old regulations more stringent on the basis of new research results. Industry challenges to proposed new OSHA regulations have often resulted in administrative delays or in court rulings that set aside the regulations. Perhaps even more serious, from the point of view of the enforcement of regulations, is the small number of federal factory inspectors (no more than 1,200 at present) responsible for seeing that OSHA regulations are met. Although OSHA has jurisdiction over 5 million U.S. workplaces, it is able to inspect only a tiny fraction each year.

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LESSON: HDI12.20

GRADE LEVEL: 12
SOCIAL STUDIES/GUIDANCE

PUT LABELS ON CANS, NOT PEOPLE

PURPOSE: The student will have the chance to think about people as people, not categories.

The student will have the opportunity to demonstrate the ability to respect others' opinions based on their worth, not on some preconceived "label".

ACTIVITY: Class discussion followed by roll-playing activity.

MATERIALS: Strips of paper to be used as "labels" or headbands
Markers
Tape
MASKS: An Epilogue (1 copy for each student) (See Supplement-2nd page following)

PROCEDURE:

1. Explain to the class that it's necessary for everyone to be receptive to other people's observations and opinions. Sometime we pigeonhole people into categories, and we listen to the category instead of the person.

2. Ask the students which subgroups they think exist within their school-and how people react to each.

   Examples:
   Jocks- Tolerate me
   Nerds- Make fun of me
   Druggie- Ignore me
   Brains- Respect my opinion
   Thespians- Whisper about me
   Clown- Laugh at me and with me
   Leader- Follow me
   Stoner- Ignore me
   Hood- Exclude me

   List them on the board.

   Ask the students to think about which subgroup they belong in.

   Ask the students to think about which subgroup others think they belong.

3. Tell the students that they are going to explore what happens when people are put in a category.

4. Ask for 8 volunteers to role play. Bring them to the front of the room and have them sit in a semi-circle facing the class. They will be portraying a committee made up of students who have been brought together because there have been many problems at the school dances- drinking, vandalism, trashing the parking lot,

5. Tell the class you are going to explore "labels", or roles. Each of the students on the committee will wear a paper headband describing one of the roles the students listed as a subgroup in their school. (step 2 above) The student wearing a headband will not know what the role is, but the other students should obey the directions on the headbands.

   Put the headbands on the students MAKING SURE THEY DO NOT SEE the title. Don't let the class directly tell them the label they are wearing.

6. Introduce a problem in reference to the school dances, and let the discussion begin. After a reasonable amount of time, during which all of the students have had a chance to speak, stop the discussion.

7. Ask each student what they think is written on their headband, and how they feel about the way the people responded to them.

8. Focus your discussion on the following questions:

   How did it feel to wear a particular headband?

   How did the way people respond to you affect your behavior?

   What are the disadvantages of wearing a certain headband?

   Do we really treat people like they are wearing labels?

   Are age, sex, religion, etc. labels that we put on people?

9. In closing, hand out the poem MASKS. (HDS12.20)(following page)

Created by: DEBRA DORRANCE -- 10/28/89

LESSON: HDS12.20
SUPPLEMENT TO HDI12.20

MASKS

Don't be fooled by the face I wear, for I wear a thousand masks,
And none of them are me.
don't be fooled, for God's sake, don't be fooled.

I give you the impression that I'm secure, that confidence is my name
and coolness my game,
And that I need no one. But don't believe me.

Beneath dwells the real me in confusion, in aloneness, in fear.
That's why I create a mask to hide behind, to shield me from the glance
That knows, but such a glance is precisely my salvation.

That is, if it's followed by acceptance, if it's followed by love.
It's the only thing that can liberate me from my self-built prison walls.
I'm afraid that deep down I'm nothing and that I'm just no good,
And that you will see this and reject me.

And so begins the parade of masks. I idly chatter to you.
I tell you everything that's really nothing, and
Nothing of what's everything of what's crying within me.

Please listen carefully and try to hear what I'm NOT saying.
I'd really like to be genuine and spontaneous, and ME.
But you've got to help me. You've got to hold out your hand.

Each time you're kind and gentle, and encouraging,
Each time you try to understand because you really care,
My heart begins to grow wings, very feeble wings, but wings.

With your sensitivity and sympathy, and your power of understanding,
You alone can release me from my shallow world of uncertainty.
It will not be easy for you. The nearer you approach me,
The blinder I may strike back.
But I'm told that LOVE is stronger than strong walls,
And in this lies my hope, my only hope.

Please try to beat down these walls with firm hands,
But gentle hands, for a child is very sensitive.

Who am I, you may wonder,
I am every man you meet, and also every woman,
And I am YOU.

Author Unknown

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI12.27

GRADE LEVEL: 12
INTEGRATED

PROBLEM SOLVING

OBJECTIVE(S): Students will use problem solving to overcome a conflict.

PHYSICAL SETTING: Setting in which students can be in groups and take part in small discussions.

TEACHER INSTRUCTION: Teacher will facilitate group discussion.

STUDENT ACTIVITY: Read the following material.
In small groups, solve the following problems.
Present solutions to the class.

MATERIALS/EQUIPMENT: Setting in which students can be in groups and take part in small discussions.

EVALUATION: Evaluation of activity should be judged by participation and student involvement.

If students seem to need more practice with problem solving, complete more activities involving the skills they need practice with.

Created by: DEBRA DORRANCE -- 6/27/91

STUDENT WORK SHEET

NAME____

READ THE FOLLOWING MATERIAL.

IN SMALL GROUPS, SOLVE THE FOLLOWING PROBLEMS.

PRESENT SOLUTIONS TO THE CLASS.

PROBLEM #1. Your parents have gone out to dinner and to a movie. A group of ten friends show up. About half of them have been drinking. Before you have a chance to say no, they are in the house, refrig, have the stereo on, and are playing with your brother's computer games.

What do you do ?

PROBLEM #2. You are 21 years old. You are home from college and have gone out to a restaurant with a friend. After dinner, you discover your friend has a new habit... Snorting crack. He / she snorts and snorts..... Now it is time to get in the car and drive home. It is his/her car.

What do you do?

PROBLEM #3. You get into class and it is really quiet. You realize it is a test day... You did not know that. You spent the night crying because your father is an alcoholic and beats your mother when he drinks. You can hardly sit up in your chair you are so tired.

What do you do ?

PROBLEM #4. You sit next to a kid everyone thinks is a "geek". There is one boy who always verbally picks on him, whispering things to him and saying things aloud when the teacher leaves the room.

What do you do about it?

****

SOURCE:

The Software Toolworks Illustrated Encyclopedia (TM)
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problem solving

A problem exists when an individual has a goal and a choice of means by which it might be achieved, but does not know how to proceed immediately. The psychology of problem solving deals primarily with intellectual problems: those that can be solved mentally or by manipulating symbols. It uses three principal methods: (1) examining what scientists, mathematicians, and others have said about their own activities; (2) presenting test problems to experimental subjects, noting the effect of various conditions on the likelihood that the problems will be solved; (3) asking individuals to "think aloud" as they solve problems, and devising theoretical models to explain the sequence of steps that typically appears in such reports.

The testimony of scientists and others indicates that the processes of problem solving are not entirely open to consciousness. One may begin by reasoning consciously and deliberately, but the solution often comes in its own time, suddenly and "out of nowhere." Graham WALLAS has described such a problem-solving sequence as consisting of four stages: preparation, in which the individual defines the problem for himself or herself and explores various possibilities; incubation, when attention is turned to other things, and the problem disappears from consciousness; illumination, when the solution suddenly appears; and verification, in which the new solution is checked to see if it will work. Of course, this sequence does not apply in every case.

The first important experimental studies of problem solving were carried out by the Gestalt psychologists. Gestalt psychology emphasized the difference between solving a problem by really understanding its structure and finding the solution by a blind application of rules. Max Wertheimer illustrated the distinction by describing how a child who already knows that the area of a rectangle is given by height X base might try to find the area of a parallelogram. She might blindly multiply a X b; even if she is taught to multiply h X b she may not know why, applying the rule without insight. If she really understands the structure of the figure, however, she will see that a triangle can be "cut away" from one end of any parallelogram and fitted at the other to make an equivalent rectangle, the area of which is h X b.

Another Gestalt psychologist, Karl Duncker, applied a similar analysis to more concrete problems involving several stages. He noted that every phase of a solution is essentially a productive reformulation of the original problem. Duncker also coined the term functional fixedness to describe a common source of difficulty in problem solving. If the solution requires that some object or concept be used in an unfamiliar way, a fixation on the common usage may prevent the new one from being seen.

The mathematician Gyorgy Polya introduced the idea that there are general techniques for solving problems, which he called heuristics: procedures that often help though they cannot guarantee success. One useful heuristic is working backward from the solution: if the answer were known, what characteristics would it have to have? Another important heuristic is to establish subgoals: think of some situation from which the solution might be easier to obtain, and work toward that situation first. Still another is means-end analysis: establish lists of methods that are useful for attacking various kinds of goals or subgoals, and work through the list systematically.

Recent research on problem solving has involved computer programs that enable a computer to solve difficult problems. If the sequence of steps taken by the machine is similar to the sequence reported by human subjects who think aloud, the program itself can be regarded as a theory of the problem-solving process. The programs developed go through the same sequences of steps (and make the same sorts of errors) as people who are thinking aloud; thus they probably incorporate many of the principles that govern human problem solving.

Ulric Neisser

Bibliography:
Cassel, Don, BASIC and Problem Solving Made Easy (1985); Duncker, Karl, On Problem-Solving, trans. by Lynne Lees (1945; repr. 1972); Newell, Allen, and Simon, Herbert A., Human Problem Solving (1972); Polya, Gyorgy, How to Solve It (1945); Wertheimer, Max, Productive Thinking, rev. ed. (1959; repr. 1978).

See also: ARTIFICIAL INTELLIGENCE; COGNITIVE PSYCHOLOGY; CONCEPT FORMATION AND ATTAINMENT; REASONING.

SECTION II

EDUCATION PROGRAM AREAS

MULTI-GRADE

COMMUNICATION ARTS

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS K-2
COMMUNICATION ARTS

IT'S ME! SHOW-AND-TELL

PURPOSE (DRUG ED): Students will be able to identify positive and unique things about themselves.

PURPOSE (SUBJECT AREA): Students will be able to share freely with others, using their bodies and their voices, something about themselves.

Students will be able to listen and respond to one another's presentation.

MATERIALS: None

ACTIVITY: Show-and-tell is a favorite primary activity, but it often turns into a display of material possessions! Emphasize the tell and turn it into a time for fostering self-awareness, self-esteem, and oral communication skills.

VOCABULARY: unique, dislike, brainstorm, listen (as opposed to hear), detail, compare, "mind's eye"; imagination

PROCEDURE:

1. Brainstorm with the children: "What makes you YOU and not somebody else? Even if you have a twin brother who looks almost exactly like you, what makes you unique?" Talk about likes/dislikes, favorite games, things one can be good at, etc.

2. Tell the children that on the next Show-and-Tell day they are to come ready to tell about something they are good at. Explain the difference between simply naming something and telling listeners some details. Vary topics each week. Variations might include:
   - what I want to be when I grow up
   - something I like to do with my family
   - my favorite food
   - something I am getting better at
   - something new I have learned
   - something fun to do on Saturday
   - how I help around my house
   - something I did last week
   - what I see on my way home from school
   - a dream I once had
   - my special day
   - a favorite spot in my house
   - something I can do well
   - a favorite thing I did (not got) over the holidays
   - a joke I like

3. Be prepared to help the children generate details by asking questions or asking them to act it out (simply say, "Show us"). Encourage the other youngsters to ask questions or compare with their lives.

4. Explain the difference between hearing (physical) and listening (understanding). Encourage good listening skills:
    - sit up
    - eyes on the speaker
    - think about what's being said
    - use your "mind's eye" (imagination) to picture what's being said, so your mind doesn't wander

EVALUATION:

Observe and note how individual children participate. Can those who seem to lack ideas be encouraged on a one-to-one level? Do the children use good listening techniques and respond to one another verbally or nonverbally?

Evaluate understanding by a student to retell the story of a first.

SUGGESTIONS:

Perhaps not everyone has to show everyone else each and every time. Is your class ready to be split into small groups of 5-6 students for show-and-tell presentations.

Reinforce self esteem by, when possible, noting the child's presentation on the board (e.g. "Mary - drying dishes") and by repeating verbally what child shares.

When the children have begun putting more tell into Show-and-tell, reintroduce things by asking them to bring or draw pictures of similar concepts, to bring in something that they've found, something that they've made, something very worn and old, things that are special for special reasons, etc.

Created by: JUDY ULRICH -- 12/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS K-4
COMMUNICATION ARTS/ART

ROLE PLAY PUPPETS

PURPOSE (DRUG ED): Promote awareness of potentially dangerous situations.

PURPOSE (SUBJECT AREA): Student will make a paper mache puppet and act out various situations.

ACTIVITY: Student will participate in discussion concerning dangerous situations. They will create puppets and act out plans of action pertaining to situation.

MATERIALS:

-Tagboard
-Newspaper (for strips and over desks)
-Masking tape
-Tempra paint
-Various materials (yarn, steel wool, buttons, etc.)
-Elmers glue and water mixture, approx. 1 part water, to 6 parts glue.
-Bucket for mixture

PROCEDURE:

1. Discussion about potential dangerous situations and how to respond. Examples: Someone selling drugs at school, stranger asking them to go someplace with them, or whatever is appropriate to their age and situations.

2. Form a neck and finger hole using a 4" x 6" piece of tag board rolled around the index finger. It should fit a bit loosely. Tightly crush newspaper around the neck forming a baseball sized shape. Use masking tape to secure. About 3/4" of neck should stick out of the head. Add shapes for nose, ears, forehead. Tape things together well. Cover with paper mache.

3. Paint puppets and add any decorations.

4. In small groups have student act out various situations with their puppets concerning dangerous situations. Either teacher will assign topic, or students choose. It's important that every child experience ending the situations positively by creating a positive plan of action. A starting place for role play for two students could be as simple as, what if a stranger approached you?

EVALUATION: Check for feelings that came up -- fear, anger, frustration, and allow for positive expression. Check for appropriateness (Superman will probably not save the day).

SUGGESTIONS:

-Have a police officer or counselor come in to discuss various situations, and how children might respond.
-Be sure students feel they have a plan of action in most situations.

Created by: ROBIN BISSELL -- 10/22/91

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI2.4

GRADE LEVELS: 2-3 (7-8 years)
COMMUNICATION ARTS/GUIDANCE

MAKING CHOICES

PURPOSE: To help the children become aware of the need to make choices in solving problems. They will explore constructive ways to meet their needs.
To improve decision-making ability.
To clarify attitudes and values.

ACTIVITY:

1. Write a problem on the blackboard that the class may presently be experiencing, i.e., too much noise, playground activity is too rough, etc.

    (a) List the solutions suggested by the class. Discuss the many alternatives. Discuss the consequences of each alternative.
    (b) The class may choose one of the solutions to deal with the problem. (Stress the idea that there are many ways a problem can be solved.)

2. Explore the following problems with the steps described above.

    EXAMPLES: WHAT IF......

    a. You forgot your lunch money today. Would you...

        (1) borrow money from a teacher?
        (2) go without a lunch?
        (3) call home to ask your mother to bring in your lunch?
        (4) share a friend's lunch?

    b. You found a wallet containing $10.00 with the owner's name in it. Would you...

        (1) keep the wallet and the money?
        (2) give it to the police?
        (3) throw away the wallet and keep the money?
        (4) leave it there?

    c. You are playing at a friend's house. He or she asks you during the course of the visit to try one of the pills in the medicine cabinet just to see what would happen. Would you...

        (1) take one with your friend to try it?
        (2) find an excuse to leave so you could go home?
        (3) make believe you took it and throw it away so you could still be friends?
        (4) tell him or her "no, I don't want to take one. It may make me sick."?

Created by: CAMMI WIESE--4/11/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 4-12
COMMUNICATION ARTS
DURATION: APPROX 2 PERIODS

PLAYING IT STRAIGHT

PURPOSE (DRUG ED): Students will recognize that an addict can be anyone; students will understand that people can become dependent on one or more of a variety of substances; and, students will learn that there are a variety of options for addicts and their families who seek help.

PURPOSE (SUBJECT AREA): Students will ask questions, accurately utilizing concepts and vocabulary presented in preceding class sessions.

MATERIALS: Pamphlets and resource materials on local support group, treatment facilities, hotlines, etc. Contact your local health center, hospital, or mental health clinic. Also call or write Montana's chapter of the National Council on Alcoholism.

VOCABULARY: addict/addiction, dependence, substance abuse, drug, support group, alcoholic, recovery, withdrawal

NOTE TO TEACHER: If kids are to understand the real dangers of drug addiction, it needs to be dealt with in a straightforward manner. In a sense, alcohol and tobacco are the most dangerous drugs for our kids because many erroneously believe these substances are relatively harmless. And, all too often, kids think "Addiction--it can't happen to me." Well, it can. And perhaps a visit by some unlikely-seeming addicts will help get your students' attentions.

More and more often, recovering addicts -- people who have quit smoking, drinking, or abusing drugs are never "cured" but consider themselves in recovery for the rest of their lives -- are willing to be public about their addictions. Some find it helps them in their recovery to talk to others about the dangers of drugs. Some hope it erases the unnecessary stigma against recovering addicts. Others wish to repay "debts" to society by speaking out against drug abuse. Still others wish to blast the stereotypes about who can be an addict and who can't.

Perhaps you have a friend who's quit smoking? A relative who went through treatment? A co-worker who has recently talked about his or her recovery? Can you identify those who seem to exhibit poise when talking to others? Better yet, are these people who are known and viewed respectfully by others in the community? Try inviting each via a written note to speak to your class.

PROCEDURE:

1. Contact your possible speakers first via written notes; let them keep their private life private if they so wish.

2. If your speakers agree to come to your class, arrange to meet with them first to share what your students have been studying and what experiences your speakers might specifically relate to them. Can they talk about their youth, their introduction to the addictive substances, the pattern of their addictions, and their recovery process? Together, brainstorm questions the kids may be likely to ask and decide how best to handle issues of identity (tell the students to keep friends and relatives anonymous?), giggling and laughter (not uncommon from kids when uncomfortable subjects are mentioned), etc. Decide which support group addresses, hotline phone numbers, etc. you and the speakers will provide for the students.

3. If possible, arrange your room prior to the visit so that desks or chairs are in a large circle. Or, if the class size is too large, ask your speakers to be prepared to speak informally -- to walk around the room, to sit on the edge of the desk, etc. Try to break the lecture mode.

4. On the day of the visit, simply introduce the speakers according to their titles or roles in the community. Keep the atmosphere informal. Don't invite other classes; keep the group as intimate as possible.

5. Allow time for questions and allow students to mention things (never other people) which we generally might not talk about in class -- you can tell if they're questioning seriously or not -- for drug abuse is not a "pretty" subject. Addictions cause people to act in strange or negative ways, and students may be honestly concerned.

6. Following the guest speakers' presentations, during the next class period, have your students write responses to them. These may be anonymous. Can they identify new things which they learned from the speakers? The students may ask questions or simply acknowledge the speaker.

7. Follow-up with a thorough sharing of information about various treatment programs and support groups (you may even be able to get a seasoned speaker from one of these groups to visit your class), including:

   Alcoholics Anonymous
   P.O. Box 459
   Grand Central Station
   New York NY 10163
   212-686-1100

Al-Anon Family Group Headquarters
P.O. Box 862
Midtown Station NY 10018
212-302-7240

National Council on Alcoholism & Drug Dependence
12 West 21st St.
New York NY 10010
212-206-6770

Women for Sobriety
P.O. Box 618
Quakertown PA 18951
215-536-8026

Secular Organizations for Sobriety and Rationale Recovery
National Clearinghouse
Box 5
Buffalo NY 14215-0005
716-834-2921

and, check your phone book for local chapters of these organizations, for treatment facilities and mental health centers, and for county or city health agencies which can suggest local resources.

EVALUATION: What questions do your students ask during the speakers' visits? Do they show interest? accurate application of concepts and vocabulary? Without breaching confidentiality, can the guest speakers relay to you afterwards the class's general level of interest and understanding as demonstrated in the letters? What questions have been left unanswered? On what issues or topics do you need to spend more time?

Created by: JUDY ULRICH -- 12/91

LESSON:	GRADE LEVELS 5-8 COMMUNICATION ARTS

DRUG FACT CARD GAME

PURPOSE (DRUG ED):	Identify facts about drug and alcohol effects on the body.
PURPOSE (SUBJECT AREA):	Create a card game using the facts.
ACTIVITY:	Working in small groups, students will create a series of questions that relate to alcohol or a specific drug.
MATERIALS:	-3" x 5" plain index cards -Colored pencils -Materials from counselor about effects of drugs -Pencils -Dice

PROCEDURE:

1. Divide into small groups, each group having a topic, i.e., alcohol, cocaine, barbiturates, hallucinogens, etc. Each group will research their topic and arrive at ten facts, i.e., alcohol is a depressant. Cocaine elevated blood pressure, etc. and each group is assigned a color.

2. Students create a question that relates to their facts.

3. Questions and answers are reproduced onto index cards, with question on one side, and answer on back. Each card is colored corresponding to group's color.

4. To play card game. Have each group correspond to a number. One player from a group rolls dice and picks a card that corresponds to that number. Group as a whole can answer question. If they get it right they score a point and may roll the dice and chose another card until they get three points. If they miss the answer, the group to the right gets to try to answer the question. Play up to as many points as desired--first group to get 25 wins, for example.

EVALUATION:	Check that questions agree both relevant and specific to drug or alcohol.
SUGGESTIONS:	-Bring in guest speaker to lecture about drugs instead or researching. -Have group invent their own drug/alcohol game.

Created by: ROBIN BISSELL -- 11/6/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 5-8
COMMUNICATION ARTS

"RAP SONG"

PURPOSE (DRUG ED): Identify negative behaviors associated with drug use and positive alternatives.

PURPOSE (SUBJECT AREA): Write a contemporary rap song.

ACTIVITY: Working in groups, students will create, and perform, a rap song with the various negative behaviors of drug use and positive alternatives.

MATERIALS:
-Various rap musicians examples: Young M.C., Vanilla Ice, MC Hammer, LL Cool J, Marky Mark and the Funky Bunch, and Rap artists performing (M.T.V.), V.C.R.
-Tape Recorders
-Various background sounds (students will suggest ideas!)

PROCEDURE:

1. Listen to rap music examples, and if possible, show video of M.T.V. musicians.
2. Divide in groups inventing a band name, song title, and theme for song, i.e., cocaine will fry your brain, why not fry food instead; Drug, Drugs, Drugs-How about Hugs Instead.
3. Group will write song, decide on main voice or voices, background sounds, etc.
4. Students will tape song, and perform live or from tape to the rest of the class.

EVALUATION: Check to keep songs appropriate and geared toward the objective.

SUGGESTIONS: -Have students design costumes and set for band, and perform song at school assembly.

Created by: ROBIN BISSELL -- 10/21/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 5-8
COMMUNICATION ARTS

ROLE PLAYING DECISIONS

PURPOSE (DRUG ED): Awareness of how alcohol could affect student's, and their peers', everyday life.

PURPOSE (SUBJECT AREA): Students decide on the appropriate option and act their decision out.

ACTIVITY: Working in small groups, students solve a scenario that could affect their lives, and act it out.

MATERIALS: -Copies of "What would you do" (follows this lesson)

PROCEDURES:

1. Divide into small groups and assign each group one of the scenarios on the handout.
2. Have students discuss within their group the options they feel are appropriate for each situation.
3. Within each group, students will come to an agreement on the best option. Have students expand on their idea, writing a short script about how they would solve the problem. Characters can be added depending on the size of the group. Example would be in #1, they are pulled over by a police officer.
4. Have students perform their skit for the rest of the class.

EVALUATION: Check to be sure group idea to solve the issue is appropriate and realistic.

SUGGESTIONS:

-Costumes help students get into their role.
-Have students perform best skit or skits to a larger audience.
-Have students create their own situation.

Created by: ROBIN BISSELL -- 11/4/91

WHAT WOULD YOU DO?

1. You are just finishing up basketball practive and your brother has come to pick you up. He hates this task and you know it, but the school is several miles from home. Your father is working and your mother is taking care of your brothers and sisters. This time your brother is roaring drunk but insists he's able to drive okay. What could you do? What would you do? Why?

2. Jack noticed that Brenda, his date, was very loud at the party. She accepted another drink and was consuming it rapidly. "Hey, Brenda, lay off. You've had too much!" Jack said firmly as he tried to remove the glass from her hand. Brenda pushed back angrily. "Leggo" What could Jack have done? What would you have done? Why?

3. You babysat tonight with three children while their parents went to a party. You need every cent of the money for new school clothes, so you don't want to take a cab. The lady, who is your mother's best friend, offers to drive you home, but she is so drunk she had trouble getting in the house. What could you do? What would you do? Why?

4. Cindy is going to a party. Her parents ask her about her plans. Cindy wonders what to say. She knows they don't approve of liquor, yet the party is at Tom's and there is going to be beer for everyone. What could Cindy do? What would you do? Why?

5. A good friend has offered you a ride home from school today after track practice. Your parents will not be home until later. Your friend's mother comes roaring down the street in their green station wagon. Instead of stopping at the curb, she pulls right up on the sidewalk in front of the school. As soon as you get into the car you can smell liquor on her breath. You don't want to hurt your friend's feelings, and he isn't saying anything. You live four miles from school. What could you do? What would you do? Why?

6. Todd has never had a chance to try alcohol and has decided he would like to find out what it is like. What could he do? What would you do? Why?

7. Your 17-year-old sister has a date with her boyfriend. He's obviously drunk, since he knocked over a lamp trying to sit down and has talked only nonsense. You go upstairs and tell your sister he's drunk, and she tells you to mind your own business. You know they are going in his car to a party on the other side of town. Your parents are next door with friends. What could you do? What would you do? Why?

8. Dick Smith is invited to a party and when he arrives, he finds out that liquor is being served. Now Dick has never had a drink and doesn't want to start. Everyone is urging him to have one. There are no nonalcoholic beverages offered. What could he do? What would you do? Why?

LESSON:

GRADE LEVELS 6-8
READING/LITERATURE

CHILDREN OF ALCOHOLICS

PURPOSE (DRUG ED): To illustrate that when there is an alcoholic in the family, his/her drinking affects other family members.

PURPOSE (SUBJECT AREA): Reading - compare and contrast two books that deal with similar problems and have like characters.

ACTIVITY: Read both books, compare and contrast characters, problems, coping and problem solving. Complete some or all of the things listed in Procedure.

MATERIALS:
SMOKE FROM THE CHIMNEY, by Kathy Tapp
THE DAY THAT ELVIS CAME TO TOWN, by Jan Marino

PROCEDURE:

1. In both books, the father of the family is an alcoholic. Describe the main character's (the young girl's) relationship with him. What kind of problems does his drinking create for her? How does she handle them? What else could she do?

2. Look at the mothers in both books. Compare how they handle their husbands' drinking problem. May bring in the terms enabling and co-dependence at this point.

3. Consider the time setting for each book. How does it affect the alcoholic and how his drinking is viewed by other people in the story. How is it handled? Is it realistic given what you know about recovery? What services are available during these time periods?

4. Complete the chart. Who does Dad's drinking affect and how?

ALCOHOLIC FATHER

↓

THE DAY THAT ELVIS CAME TO TOWN

Ex. Wanda -- Mom made her get Dad at Work________

____

____

____

ALCOHOLIC FATHER

↓
↓

SMOKE FROM THE CHIMNEY

5. Predict. Think about one more chapter for the book. Write it or a synopsis of what will happen next, what happens to the characters, particularly to Dad? Is there a happy/happier ending?

6. Critique. Which book did you like better? Explain why. What did you not like about either book. Were they realistic stories? Would they help a young person who was in a similar situation? How?

7. Make a chart. Write down words or short descriptions about the character's personality, strengths, weaknesses, etc. Also tell which girl you liked more and why.

Erin	Wanda

(more)

EVALUATION:

What did you learn about alcoholism from these books? Is what happened in the stories true to what you know about the disease? Discuss ways in which other family members are affected when one of the parents is an alcoholic.

SUGGESTIONS:

If multiple copies are not available, read the books to the students, covering several chapters a day. Before beginning, explain that they will be comparing two books. They may want to take notes, or do some of the activities as the reading is taking place. It is a good idea to read every day, and get through the books fairly fast, so the students don't forget what has taken place.

Created by: WENDY FREGERIO -- 1991

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING
SUPPLEMENTARY MATERIAL

AN ANNOTATED BIBLIOGRAPHY OF FICTIONAL LITERATURE WHICH DEALS WITH SUBSTANCE ABUSE

GRADE LEVELS: 6-12
LITERATURE/COMMUNICATION ARTS

The following books are recommended for use with young adults. Some may be appropriate for reading, discussion, and activities by the entire class. Because of language or sensitive content, others may be best used as "individual choice" selections, accompanied by journal writing or small group discussion. In any case, the teacher should preview selections.

In addition to reading and discussing the books, students may do some writing -- such as new scenes or new endings to stories; imaginary letters by characters or news articles about events in the novels; or, even real letters to the authors of the books. Students may dramatize scenes from the novels as well as the plays, or enact predictions such as "what happens one year later" in a character's life. They may illustrate scenes or design costumes for characters. Students might even write stories of their own, based on the themes or problems presented in the literature.

Blue, Rose. NIKKI 108. Ill. Ted Lewin. New York: Franklin Watts, 1972.

Nikki's older brother Don dies of an overdose. Her mother's slim income makes life additionally bleak. But in spite of these odds, it looks like Nikki will make it in her junior high school. A simple and truthful, if somewhat dated, story. (jr high)

Childress, Alice. A HERO AIN'T NOTHIN' BUT A SANDWICH. New York: Coward, McCann & Geoghegan, 1977.

Highly literate, provocative account of a 13-year-old Benjie's denial and eventual struggle with heroin addiction. Written as a series of first-person accounts by the boys' friends, family, teachers--even the local pusher--as well Benjie himself. Readers must consider the problems from various viewpoints. Provides no clear ending, no exact answers--just like real life? Realistic events and street jive, slang; but without graphic violence or profanity. (jr-sr high)

Coles, Robert. THE GRASS PIPE. Boston: Little, Brown & Co., 1969.

Paul and his senior high buddies struggle with the pressure to try marijuana. They discuss their first experiments with Charlie's physician father. Note that his information to the boys is dated--for example, he tells them that pot is not addictive. Good story but requires teacher input regarding current pharmacology data. (sr high)

Due, Linnea A. HIGH AND OUTSIDE. New York: Harper & Row, 1980.

A 17-year old girl comes from a family where drinking socially is very acceptable, even for her. She started drinking as a young teen, and it has now progressed to the point that her school work and activities are affected, she is having hangovers and losing friends. (jr-sr high)

Duncan, Lois. I KNOW WHAT YOU DID LAST SUMMER. Denver: Little, 1973.

Four high school juniors, "big shots" in school, hit a boy on a bike with their car after they have been drinking and smoking dope. The make a pact not to tell. One of them gets a letter saying, "I know what you did last summer." The others get messages later, too, and they realize someone knows. (popular author; jr-sr high).

Donovan, John. I'LL GET THERE. IT BETTER BE WORTH THE TRIP.
New York: Harper & Row, 1969.

Davy's mom drinks too much, and the depictions of her behavior, and the boy's confused reaction to it, are written with honesty. Davy must also contend with the death of his grandmother, his father's new wife, moving to a large city, and meeting new friends. With one he has a brief and shocking homosexual encounter, sensitively portrayed.

Fox, Paula. THE MOONLIGHT MAN. New York: Bradbury, 1986.

A young girl waits for weeks in June at her boarding school for her father to pick her up. She is to spend the summer with him. After living with him a short time, she sees he is the alcoholic her mother claimed he was. She has conflicting feelings that she has to deal with. Newbery author. (12-up)

Gilmour, H.B. ASK ME IF I CARE. New York: Ballantine, 1985.

This book is loaded with substance abuse issues of all sorts. Fourteen-year old Jenny goes to live with her dad in New York and is introduced to the world of alcohol and drugs. She tries and uses about anything, but sees how it hurts people and doesn't solve any problems. Realistic dialogue. Lesson that use leads to unhappiness and addiction. (sr high)

Gilsenan, Nancy Pahl. IN THE MIDDLE OF GRAND CENTRAL STATION.
Woodstock IL: The Dramatic Publishing Co., 1991.

A play with a cast of 6m, 6f, and extras, about a 15-year-old runaway who ends up living in New York's famous train station. She finds friends and some warmth, but also drugs and desperation. It's a good play to read and, with one simple set, relatively easy for high schoolers to stage.

Greene, Shep. THE BOY WHO DRANK TOO MUCH. New York: Dell, 1979.

Buff is a good hockey player just like his dad. And he drinks too much, just like his dad. The father is abusive, and Buff's friends try to help. Buff thinks he needs the booze to play good hockey. (Jr-sr high)

Haddad, Carolyn. THE LAST RIDE. New York: Dodd, Mead, 1984.

Doug finally gets up the nerve to ask out Michelle. They ride with four of her friends and end up at parties where there is drinking. The driver is bombed, so Doug insists he pull over. Doug gets out and Makes Michelle get out, too, which angers her. The driver kills the other three in an accident on the way home. He survives to stand trial. Doug is pressured to change his testimony so charges will be reduced. (jr-sr high)

Hinton, S.E. THAT WAS THEN, THIS WAS NOW. New York: Viking, I971.

By the author of THE OUTSIDERS, this first person fictionalized account of one high school boy's experiences growing up in a tough, working-class neighborhood. Bryon regularly consumes beer and cigarettes, but his peers' tinkerings with drugs go too far when a naive buddy overdoses on LSD, and when his best friend begins dealing. Conservative language and events, considering topic. Realistic if dated story (e.g. hippies) (sr high)

Kropp, Paul Stephan. SNOW GHOST. St. Paul: EMC Publishing, 1984.

A survival story about two teenage boys searching for help after a small plane crash. One of the boys has been hooked on marijuana and brings it along on the trip as his "survival kit". However, he ends up throwing it away when he sees that it isn't going to save him. (12-up)

Marino, Jan. THE DAY THAT ELVIS CAME TO TOWN. Boston: Little Brown, 1991.

Lots of things happen in this 13-year old girl's life in the South in the early 1960's. The father's alcoholism is one problem in this extended boarding house family; racism is also addressed. (12-15 year-olds)

Mathis, Sharon Bell. LISTEN FOR THE FIG TREE. New York: Viking, 1974.

Marvina's mother finds solace in alcohol, one year after Marvina's father's death. Marvina tries to find it in kindly neighbors and in learning about her African heritage. Marvina is blind. When she is sexually attacked, her life hits a new low. But she resolves to take care of herself. (sr high)

Martin, Thomas. PRIVATE HIGH. New Orleans: Anchorage Press, I986.

A play, with five teen-aged characters, about 45 minutes long. Suitable for reading or performing. Simple set of five stools before five large photo blow-ups, supposedly senior yearbook pictures of the characters. The play begins as if 5 graduates speak to high schoolers on the dangers of drinking and driving. Soon reality and fiction mixes. Confronts current casual attitudes towards drinking with forthrightness and seriousness. (sr high)

Miklowitz, Gloria. ANYTHING TO WIN. New York: Delacorte, 1989.

A high school boy's football coach pressures him to take steroids in order to assure a badly needed finances for college. In just a few weeks there are dramatic changes in his size and looks, and also in his health and personal relationships. (jr-sr high)

McDonough, Jerome. ADDICT. Schulenburg TX: I. E. Clark, 1985.

A very tough and serious play about ten different young addicts who show how they got involved with drugs. Each eventually dies. Because of its starkness (which could boarder on didacticism if staged) recommended for reading and discussion rather than production. (sr high)

Passey, Helen K. SPEAK TO THE RAIN. New York: Atheneum, 1989.

Seventeen year-old Janne has a heavy load to carry since her mom was killed in a car accident. Her father has been drinking too much, and her younger sister's care has ended up to be her responsibility. They come to deal with their grief (and their father's drinking) after moving near a lake that holds a mysterious Indian secret. (ages 12-15)

Scoppetone, Sandra. THE LATE GREAT ME. New York: Bantam, 1984.

A junior in high school turns to drinking during a difficult time with her family and in order to gain acceptance by the kids at school. Alcoholics Anonymous is finally her route to recovery. Truthful scenes of peer pressure. (jr-sr high)

(Also available from The Dramatic Publishing Co. is a play version with 10m, 12f, and extras, by David Rogers.)

Wojciechowska, Maia. TUNED OUT. Harper Row, 1968.

Jim can hardly wait until his admired older brother returns from college. But soon Jim discovers Kevin's drug problem, which peaks with a bad LSD trip and hospitalization. The story ends with hope. By a Newbery Medal author. (jr-sr high)

Anonymous. GO ASK ALICE. New York: Prentice-Hall, 1971.

This book is based upon excerpts from an actual diary of a fifteen year-old addict, and is poignant in her unsuccessful struggle to escape the drug and crime scene. Contains sex situations which are quite explicit. (sr high)

(Also available from The Dramatic Publishing Co. of Woodstock IL is a play version with 8m, 15f parts, as well as a one-act cutting, both by Frank Shiras.)

Zindel, Paul. THE EFFECT OF GAMMA RAYS ON MAN-IN-THE-MOON MARIGOLDS. New York: Harper Row, 1984.

A Pulitzer prize play about an alcoholic mother and her two adolescent daughters, living a bleak and seemingly hopeless existence in a rundown apartment. The youngest daughter begins to thrive with the attention of a teacher. Some wonderful scenes for reading out loud. (8-12 grade)

Created by: JUDY ULRICH & WENDY FREGERIO -- 12/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 7-12
COMMUNICATION ARTS
DURATION: APPROX 3 PERIODS

MAGAZINE ADS; TRUTH or ILLUSION?

PURPOSE (DRUG ED): Students will recognize common "claim" tactics which print advertisers use to sell potentially addictive and harmful substances; students will identify and analyze various examples of claims used by advertisers.

PURPOSE (SUBJECT AREA): Students will be able to identify a variety of approaches which print advertisers use to sell a variety of products; students will speculate as to what type of information is "missing" or only "half truth" or misleading in some advertisements.

MATERIALS: A variety of issues of popular magazines read by or likely to be available to your students in the library, at home, at the supermarket, at a babysitting job, at the barber, etc.: SPORTS ILLUSTRATED, TIME, NEWSWEEK, LIFE, GLAMOUR, CAR & DRIVER, OUTDOOR LIFE, etc.; large sheets of drawing paper, felt markers, pencils, colored pencils.

VOCABULARY: claim, misleading, subjective, endorse, testimonial, implied, indirect

ACTIVITY: Students collect a wide variety of print ads and display them. After choosing those which seem to be most effective or appealing, the teacher provides information (below) on common advertising claims tactics. In teams, students select ads of tobacco and alcohol products to analyze, and create imaginary new ads which more accurately reflect the product and its users.

PROCEDURE:

1. Students receive the following background information about advertizing claims and appeals. This information may be gathered by the students as a library research project, or it may be available in their language arts/speech text under "mass communication". In any case, the concepts and vocabulary are commonly known in the field.

   Researchers estimate that by the time a teenager today becomes 60 years of age, he or she will have been exposed to 50 million advertizing messages. Most will be ignored (consider how often you ignore tv ads); some help us to find new products or good prices; others mislead us into buying things we really don't want or into believing a particular product is better than others or made of certain things. To become a good consumer, you need to be able to distinguish facts from illusion and recognize the appeals that advertisers spend millions of dollars on to create.

   Advertisements frequently make "product claims". For example, "New improved GLISTEN toothpaste makes teeth whiter" seems to be telling us that the product has been made better -- not so; it simply means its been made different! And does this toothpaste actually change the appearance of your teeth? It really doesn't say so; note the comparative adjective "whiter". Like "cleaner", "lighter", "more mellow", you have to ask yourself, "as compared to what?" Whiter than if you brushed with barbecue sauce?

Some claims are more subtle, but nonetheless powerful. "Fruity," "great fruit taste," and the names of every fruit imaginable from ordinary orange to exotic passion fruit are used in ads, on packaging, and as part of the names of powdered drinks, gum, candy, alcohol coolers, soda pop, "fruit" snack, cereals, and many other food products that contain nothing more than fruit flavorings, often artificial. Entire advertising campaigns (when an ad agency plans and directs a coordinated series of magazine, radio, television, billboard, and newspaper ads for a particular product) focus on the "fruit" theme for, say, tropical fruit flavored wine cooler -- or bubble gum -- with luscious, dripping fruit displayed in warm, inviting locales suggests the health and good feelings which will come from consuming the product, when perhaps sugar (in both cases) is the primary ingredient and artificial food coloring and flavoring (in both cases), not fruit juices, gives the product its zest.

Remember that if a product is truly superior, an ad will clearly say so. Most simply create an illusion of superiority to other products; here are eleven basic techniques:

THE UNFINISHED CLAIM implies that the product is better or has more (or less!) of something, but doesn't say so exactly. Can you find a beer or cigarette ad which demonstrates this?

THE WEASEL WORD CLAIM uses words that sound convincing at first but on closer examination claim nothing (look for "more", "better", "best", "tastes", "refreshes", "comforts", "virtually", "can be", "fights", "helps"). Example: "More flavor!" (than what?) "A CLOUDLIGHT cigarette tastes just like its name!" does not say that Cloudlights have less smoke or are less hazardous for you than any other cigarette product.

THE "DIFFERENT & UNIQUE" CLAIM states that there's nothing else like the product -- rarely true -- yet consumers hear it as a claim of proven superiority. Examples: "Nothing's like the taste of R & R's." "TARBUTTS smokers enjoy a unique filter system." "Only GLITZBEER uses pure Montana water."

THE "WATER IS WET" CLAIM says something about the product which is actually true about any product in its category. Examples: "Made with pure, clean water" (true of any beverage) "DUMBO'S, The California cooler" (most wine coolers sold in America are made from California wine).

THE "SO WHAT" CLAIM is similar to the "water is wet" except that it claims an advantage over similar products; the careful consumer asks "So what" to these claims. Example: "Less than 1/2 the tar of other leading brands" (is half better?)

THE VAGUE CLAIM is simply unclear; it also often overlaps with other claims. Its characteristics are emotional and subjective words that cannot be verified. Examples: "Come to where the fun is." "Taste has never been so good." "For the good times."

THE ENDORSEMENT OR TESTIMONIAL uses a celebrity or authority to promote the product -- rock stars, movie stars, sport figures, etc. Sometimes they actually speak, or claim to use the product. Often, they hardly speak a word, but favor towards the product is strongly implied. A variation of the "star" endorsement is when "John or Jane Doe", an average type, endorses the product, with the expectation that consumers will respond in a "me, too" fashion.

THE SCIENTIFIC OR STATISTICAL CLAIM utilizes some sort of "proof" with very specific numbers and impressive jargon.

Examples: "Special formula recipe unique to the Molindari family." "New England's favorite since 1897." "14 special ingredients, including a sparkling drop of Freshtin." "The 1O1mm smoke." "11mg tar, 0.8 mg nicotine av. by FTC method -- lowest among leading brands".

THE COMPLIMENT THE CONSUMER" CLAIM tries to flatter you. Examples: "You've come a long way, baby." "For people who prefer good taste."

THE RHETORICAL QUESTION wants a response from you, generally a resounding "yes". Examples: "Isn't it about time you switched?" "Shouldn't you be drinking pure goodness?"

INCOMPLETE INFORMATION ads make claims that may be accurate but are incomplete. Examples: "Made with real fruit juice" means only that there is some juice in the product. "Lasts longer" says nothing, for there is nothing to which the product is compared.

[Source: Schrank, Jeffery. UNDERSTANDING MASS MEDIA. Lincolnwood IL: National Textbook Co., 1991.)

2. In teams of 3-4, students collect magazine ads for tobacco and alcohol products. Remind them to look carefully, for some ads are visually deceptive; for instance, some cigarette ads show little more than beautiful scenic vistas of a western state. Teams label their ads according to what claim is being employed; they may find more than one claim per ad.

3. As a class, discuss and analyze the claims. Here are some taken from recent popular magazine ads:

   "Lite, refreshing" (wine coolers)
   "Come to the mountains" (beer)
   "Light, smooth, mellow" (whiskey)
   "U.S. Gov't. Test Method confirms of all king soft packs: Carlton is lowest". (cigarettes)
   ". . . the flavor of Scotland." (whiskey)
   "Made in Puerto Rico." (rum)
   "Less filling. Tastes great." (beer)
   ". . . clean, honest, true." (whiskey)
   "Cool is everything. . . . Try the cool, fruit taste."(wine)
   "After all, if smoking isn't pleasure, why bother. . . . Alive with pleasure!" (cigarettes)
   "A taste for the SURPRISING. . . super slim low tar 100's. . . . You've got a taste for style" (cigarette)
   "A new low tar cigarette. When you want more flavor."
   "Today it's Kool Milds." (cigarettes)
   "With warmest wishes. Enjoy our good taste with your good judgement." (rum)
   "They say improve yourself. We say crack open a cold, clean, extremely smooth Michelob Light and enjoy yourself. Just the way you are." (beer)

   [These claims will very likely be encountered by your students, too, because of the ad industry's common practice of repetition--ads and variations are repeated over and over and throughout the various media, in order to build consumer familiarity. (As an indication of just how powerful this strategy is, ask your students to sing fast food or cola jingles. Is there anyone who can't sing along? And who can remember jingles from 5 years ago? 10?)

4. Teams select an alcohol or tobacco product and rewrite, redesign the ad with attention to accurate information and genuine help offered to the consumer. Can this be done while at the same convincing the consumer to by the product? Display and discuss ads, the originals and the new.

ASSESSMENT: Determine if objectives have been met by 1) observing and listening to students in team discussions; are students accurately applying new vocabulary and concepts? 2) analyzing the analysis of magazine ads and the teams' creations of new ads for correct application of new information.

Created by: JUDY ULRICH -- 12/91

LESSON:

GRADE LEVELS 8-12
COMMUNICATION ARTS
DURATION: 1 WEEK

I'LL GET THERE. IT BETTER BE WORTH THE TRIP

Some of the best young adult realistic fiction about drug abuse is "risky" literature for teachers. Given the nature of the topic, some novels paint very harsh pictures of what drug abuse does to the body and mind. Some scenes are ugly, some language is vulgar, some endings are tragic. Using these novels in the classroom may be risky if one is concerned about offending people with such frankness. But such ugliness can be the truth about drug addition and young adults need to know it.

This novel treats several issues which teachers simply may find too difficult for an entire class to deal with as a whole. It is a good book for individual reading and journal response. Superbly written, and timeless in its portrayal of the alcoholic, this is a first person story about thirteen year-old Davy's loss of his beloved grandmother and the New England town where she raised him; his new New York City life with his bitter, alcoholic mother; his awkward part-time relationship with his rich father and his new wife; an awkward and brief, but nonetheless shattering sexual incident with an equally lonely, emotion-charged boy.

PURPOSE (DRUG ED): Students will realize how alcohol abuse affects the lives of individuals besides the user.

Students will identify characteristics of denial and enablement by the alcohol dependent and co-dependents.

PURPOSE (SUBJECT AREA): Students will read for detail, answering in a private journal variety of reflective questions provided by the teacher.

Students will respond in writing to the teacher (after completing the novel and journal questions) by selecting from essay topics based on the novel.

ACTIVITIES: During times of "individual choice" reading, students may select this contemporary realistic novel. To assist them with the potentially difficult issues of alcoholism, death, and a young boy's experience with homosexuality, the following questions are given to encourage writing.

MATERIALS: Donovan, John. I'LL GET THERE. IT BETTER BE WORTH THE TRIP. New York: Harper & Row, 1969.

VOCABULARY: wan, ossified, lope, vehemence, Ibiza, Nantucket (from novel); present tense, co-dependency, stereotype (from journal questions) Procedure:

QUESTIONS FOR JOURNAL WRITING. Choose from among the following and reproduce for student(s).

Chapt. 1.	Why does the author begin the story with something as devastating as the Grandmother's funeral?
Chapt. 1-2.	Why do you think Davy tells the story in present tense?
Chapt. 1-2.	Davy shows great affection for a dog that not only looks and acts kind of silly (even to Davy!) but frequently "squirts" in excitement. How do you account for this great affection? Have you loved something which others found a nuisance?
Pg. 12.	Note Grandmother's tolerance toward smoking, which she disapproved of. (In the past, nonsmokers often "put up with" smoking in public places and even, like Grandmother, in their own homes.) Identify ways in which attitudes and behaviors have changed. Why do you suppose such changes as no smoking rules on buses and airplanes have come about?
Pg. 16.	What's the significance of Davy's recognition of people who will rub Fred's belly and those who will not? As you continue reading, find more times when Davy's evaluates people according to their acceptance of Fred.
Pg 18.	Consider the description of Mother's cigarette smoking. Compare it to television and poster ads which show beautiful women turning into grayed hags, then tar figures, then skeletons. Are these images exaggerated? What makes you think so? Why do people keep smoking today when there is so much publicity about the health hazards?
Pg. 21.	Davy devises theories about strangers' lives based on the way they walk. Try this in a public place outside of school. Record your findings.
Pg. 25-26.	Here is one instance when Davy's mother seems to push alcohol on others. Find more as you read. This is a common behavior in alcoholics. What do you suppose causes it? Some people think it's from an alcoholic's need to justify their own drinking.
Pg. 28.	Here and throughout the novel, Davy says that Fred understands what's going on with the family, and even human conversation. How can that be possible?
Pg. 31.	Davy tells of believing something silly about all Italian people when he was younger. Can you remember any similar belief you once held about "others"? What helps people to stop thinking in narrow or stereotyping ways?
Pg. 41-42.	Davy's mad because Mother identifies a security symbol for him. What might his security symbol really be? Explain.
Pg. 40-50.	Davy's first days at Mother's are full of tension. Identify clues in Mother's behavior that makes Davy cautious about "rubbing her the wrong way". What accounts for his tremendous mood shifts? Why doesn't Davy want his Mom to know he sees the amount of whiskey she's consuming.
Pg. 65.	What is the meaning of the incident with the stuffed coyote? Write now, and write once again when you finish the book.
Pg. 78.	Color t.v. is mentioned as an item of the wealthy in this 1969 novel. How could this be? What could be mentioned as an item of the wealthy now?

Pg. 86.	Why do you suppose the author included this short discussion about "gutter drunks" between Douglas and Davy? What's Davy thinking?
Pg. 88.	There is now some justification for Altschuler's rude behavior and outbursts. What is it?
Pg. 97-100.	What is going on between Davy and his mother? Why is she so upset? What is it he wants to say to her? Why can't he?
Pg.130.	What does Davy mean by "schmaltzy" and "hunky-dory"? What other slang does Davy use? Identify unique slang words which you use. Try to figure out how each of these words might have originated. A large dictionary will tell you the roots of some slang words.
p. 133.	"Since they see me so infrequently, maybe it's more important for all of us to be straightforward than to be polite." Agree? Why or why not?
p. 134.	Why does Davy suspect his mother tries to cover up her drinking around his father? Why would she do this? What does his father think?
p. 134.	Why does Davy's father start calling him kid?
p. 137.	Why do you think Altschuler is avoiding Davy?
p. 138.	Altschuler and Davy have different ideas about the meaning of the story ANDROCLES AND THE LION. If you're familiar with the story, who do you think is right?
p. 172.	Why does Davy feel that there has to be someone at fault for Fred's death? In your opinion, who is to blame?
p. 173.	For six weeks, Davy seems to think of nothing but Fred. Is this an exaggerated description of someone's reaction to a pet's death? Explain.
p. 183.	Davy decides to work off his sorrow by getting busy? How do you deal with strong, uncomfortable emotions like anger or sorrow?
p. 186.	Find out President Theodore Roosevelt's attitude toward Nature and conservation. Why would this be meaningful to Davy?
p. 189.	"How she feels depends on liquor mostly." What does Davy mean by that? Do you suppose he's right?
p. 189.	When the story ends, the boys do not agree on their attitudes and feelings toward earlier incidents. But what do they agree on? Can you think of a time when you and a friend held opposing viewpoints but still remained friends? Explain.
p. 189.	What is the significance of the title of this book?

ESSAY QUESTIONS

Mother was the drinker in this story, but she affected the lives of many around her. These are called the alcoholic's co-dependents because while they may not be addicted, they are often times equally effected -- emotionally and physically -- by the drinking behavior. Describe the effects upon Davy and his father.

Denial is common among alcoholics; they may deny or cover-up their addiction. An enabler is a co-dependent who "assists" the drinker by denying or allowing the continued drinking, supplying the means to drink, and/or providing excuses for the drinker. Can you identify instances of denial in this story? Enabling behavior? Describe.

The incident with Altschuler and Fred's death -- which do you think is the climax of the story and why? Why are the two events so intricately related in Davy's mind? Do you agree with his reasoning?

Created by: JUDY ULRICH -- 12/91

LESSON:

GRADE LEVELS 8-12
COMMUNICATION ARTS
DURATION: 2 TO 3 PERIODS

WINNERS

PURPOSE (DRUG ED): When analyzing the film HOOSIERS, students will recognize and be able to discuss, using appropriate vocabulary and accurate information, one of the subplots of the film, about an alcoholic and his initial recovery.

PURPOSE (SUBJECT AREA): Students will be able to analyze the film HOOSIERS, identifying a variety of film-making techniques and accurately using appropriate drama terminology.

ACTIVITY: HOOSIERS is shown during a unit on film and television, and after the students have had some exposure in this class or another to the characteristics and treatment of alcoholism. The film is set in Indiana, 1951. It is about a small town's high school boys' basketball team and its newly-hired, underdog coach (Gene Hackman) who make it to the championships. One boy's father, the town drunk (Dennis Hopper), is given a chance to help. The film provides excellent opportunity for studying his situation as well as film-making techniques and dramatic elements.

MATERIALS: HOOSIERS (video). Orion Pictures, 1986.
(rating PG, 115 min. Dist.: HBO Video, 1370 Sixth Ave, New York NY 10019. 212/977-8990. $89.95.)

VOCABULARY: credits, convention, evoke, suspense, fiction, establishing shot, reveal, plot, subplot, integral, protagonist, antagonist, realism/nonrealism, foreshadowing, cut, jump cut, montage, camera angle, long shot, zoom, close-up

PROCEDURE:

1. Preview the film and the questions.
2. With the students, review the film and drama vocabulary listed above and define those not already clarified in earlier lessons.
3. If time allows, play the film twice for the students; during the first showing they are to simply enjoy it, although they may jot down questions or observations.

4. During the second viewing, ask the students to respond on paper to your selections from the following questions, in preparation for group discussions of the same:

During the opening credits, there's music, a variety of cuts, muted colors. What does this tell you about when and where (be specific) the story is to take place?

A long shot of the outside of the school is held for a few seconds. What does this establishing shot tell you?

Suspense is built throughout the early part of the film, regarding the coach's history. How is this accomplished?

Between the action of the story, the camera often pauses to show a quiet outdoor scene. Why? What mood is evoked?

Sometimes scriptwriters exaggerate story situations; characters or incidents are made larger than life for the sake of the film. This is called dramatic license. Is this the case in the incident of the "town fathers" meeting Norm for the first time, giving him advice on running the team? This is a fictional story, but is it generally realistic or nonrealistic?

The first practice scene becomes a series of jump cuts until we finally realize it's a practice or two later. Note the increased tempo and volume of the music, the increased activity. What else tells you that "time has passed"?

Why does Coach tell Jimmy that he doesn't care if the boy's on the team or not? What does the scene reveal of Coach's character?

"Most people would kill to be treated like a god for a few moments." What does Norm mean? Just what are he and Myra arguing about?

Identify several of the film's subplots. How are they introduced? How do they become integral to the plot?
Who's the protagonist in this story? When do you know and how?

Who is the antagonist?

At the start of the first game, the camera is right at the back of Coach's head as he enters the court. What's the effect?

Note the variety of camera angles and distances of shots during the first game -- close-ups, long-shots, low angles, high. What's the effect on the viewer?

Myra seems to hate basketball, yet she's in the crowd. Why?

After half-time, note the music change. How does it change, and why?

Why does Coach allow the game to proceed with only four players? What do the close-ups of him and of Myra reveal?

Shooter tells Norm, "A man's gotta do what a man's gotta do." What does he mean by this comment? What does this tell you about Shooter? And what does Shooter's name reveal?

Why does Norm give Shooter such an opportunity, considering his behavior? Is this an example dramatic license?

Explain the convention of music in this scene at Shooter's home.

"What does my drinking got to do with my knowledge of basketball?" What does it have to do with it? And why doesn't Shooter simply take Norm's offer? More dramatic license?

Describe Shooter at his first game. What's happening to him physically? emotionally? How do the others treat him?

Why does the film simply break off the story with Shooter in the head position? What happened? Why doesn't the scriptwriter "let" Shooter and the team win (or even get trounced) at this point? Does a moment like this have any significance in regards to the plot?

What is the significance of Myra's supportive speech of Norm?

Discuss the level of realism in the events surrounding Jimmy's announcement that he'll play.

Is there any foreshadowing in this film? If so, how is it done?

Can you identify a time when foreshadowing seems to occur, but the plot events turn in another direction?

The film shows Shooter slipping in his attempt to stay sober. Why does it seem to be so important to Norm? Where are they?

Shooter begs Norm not to get thrown out of a game. Why is that such an important issue? And why does Norm do it on purpose, and when the game is tied?

Norman is kicked out. Compare the crowd, Shooter's son, and the other players' behavior to their behavior during the game when Shooter first showed up. Also, how is music used in this scene?

Explain the convention of slow motion in the scene of Shooter's first "solo" game.

A montage is used to show the team's wining streak. How much dramatic time is compressed into what amount of actual time?

What types of images are used in the montage?

What's the pressure that could possibly be affecting Shooter?

How does Shooter's drunkenness affect his son's game?

From a game victory to Shooter's son and Norm calling out in the woods -- this is a very quick cut. Why? What's the message?

"It's goblin-visiting time now. . . . Yeah, you and little green monkeys." Explain what's happening to Shooter. Why is he secured to his bed? Why is he "freezing"? Is this another example of dramatic license?

Shooter's son is punched by an opposing player. Why does Norm take so long in deciding whether to keep him in the game?

Sounds become muted when Ollie comes into the game, and it happens again before his second free throw. Why?

"I feel empty inside. . . . I have some bad visions." What's happening to Shooter? If he's sober, why will he stay in the hospital a couple of months?

How do the filmmakers allow the viewer to share the boys' sense of awe when they arrive at the big city field house? Consider sights, background sounds, the individual actions of the boys, what Norm does.

What is the effect of the quick cut from the lockerroom hand-slap to the identical action on the court?

How is slow motion used in the championship game and to what effect?

What film-making techniques are used to condense the game into just a few minutes actual time?

Why does Coach agree to let Jimmy try for the final shot when he's just told the boys the opposite?

Note the silence in the closing montage of the winners and the losers. What is the effect?

The film ends with a long shot of the crowd, to panoramic view of farm crops, to Hickory's gym which is empty except for a little boy shooting baskets. What do these images and the voice-over reveal to you?

What do you think happens to Shooter and the other characters?

Compare the image of Shooter in this film to "drunks" in other films and in television, especially older portrayals (e.g. old westerns, PAINT YOUR WAGON, MY FAIR LADY, Red Skelton and Jerry Lewis characters, Laurel and Hardy, the numerous TOM SAWYER/HUCK FINN film etc.).

EVALUATION:

Students knowledge of film and drama concepts as well as drug education information can be assessed according to their participation in small group discussion. The teacher may choose to collect written work from individuals or small groups. The level of general understanding by the entire class can be assessed by a final all-class sharing of ideas.

Created by: JUDY ULRICH -- 12/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 9-12
COMMUNICATION ARTS
DURATION: APPROX. 3 HRS

A HERO AIN'T NOTHIN' BUT A SANDWICH
-THE MOVIE-

The film as well as the novel from which it is adapted are both from the 1970's, but the characters of each and the problems they face continue to be relevant. In fact, this is a striking characteristic about the movie -- although music and hairstyles, slang and prices have changed, have people changed?

Both the film and the novel are about a 13-year old boy, but for classroom purposes the film should probably be limited to use with senior high students. It is rated PG, but in one scene in particular rough language is used -- but not inappropriately, for the family is at its wits end and embroiled in an emotional and confusing struggle for Benjie's life. In another scene, Benjie appears naked except for a washcloth when his mother intrudes upon his evening bath. This, too, is not inappropriate for the scene serves to show just how young he is (and, eventually shows just how much in pain is his mother.)

PURPOSE (DRUG ED): Students will consider how drug abuse affects the lives of individuals besides the user. Students will analyze possible reasons for one person's drug abuse.

Students will follow one person's recovery path and identify possible factors influencing successes and failures.

PURPOSE (SUBJECT AREA): Students will compare and contrast a film adaptation to its original novel.

MATERIALS: Childress, Alice. A HERO AIN'T NOTHIN' BUT A SANDWICH. New York: Coward, McCann & Geoghegan, Inc., 1973.

A HERO AIN'T NOTHIN' BUT A SANDWICH. Paramount Home Video, 1978. [PG 107 min.; sold for $14.95 through Baker & Taylor Video, 501 South Gladiolus, Momence IL 60954; 1-800-435-5111.](Available on loan from Western Montana College Library).

ACTIVITY: First, the class will read the contemporary, realistic novel about 13-year-old Benjie, who resists recognition that he is a junkie, as are several of his other companions. The novel presents its story uniquely, through 1st-person monologues by Benjie, his mother, stepfather, friends, teachers, grandmother,and even the local pusher. A fictionalized church bulletin, news ad, and articles provide further story details.

Then, the class will view and discuss the movie based upon the novel. In addition to answering questions about the drug issues presented, small groups work together to identify changes made "from page to screen".

Finally, each group pretends to be Benjie's counseling team and devises a recovery plan for Benjie and his family.

VOCABULARY: First person/third person narration, monologue, slang, heroin (skag), plot, character, actor, dialogue, theme, spectacle (everything seen and sensed by the movie viewer), media/medium

PROCEDURE:

1. Teacher introduces the novel by discussing slang/jive/street-talk, using examples from the novel ("chile" for child, "Cads" for Cadillac, "letrit" for electric); by reading aloud the first chapter (Benjie's monologue); and by leading the class to identify and define additional slang terms.

2. Students form small groups to continue reading aloud (next are monologues of Benjie's stepfather and his friend); listing and defining slang terms; and, comparing and contrasting the three characters' ways of speaking and differing viewpoints of same story events.

3. Students are assigned to finish reading the book on their own by a designated day. On that day -- or days, for it will likely take two class periods -- the class views the movie.

4. In small groups, students discuss the following:

In the novel, the story is told through as series of monologues. How is the story told in this medium? (Discuss dialogue, action, and the information communicated through the spectacle elements of setting, costume, properties, and even music)

In the movie, how does Benjie get involved with drugs? What drugs does he take? How does this compare with the novel? And why does Benjie take drugs, does it seem?

Compare the main characters -- Benjie and his family -- in the movie with those of the novel. How do their ages, looks, personalities, and emotions compare? How does their neighborhood and home situation compare? What additions or changes do you think were made for the visual and sound medium of film?

Why doesn't Benjie like his step-dad?

Compare the other characters. What character were omitted from the movie? added? altered? Why? What changes do you think were made for the visual and sound medium of film?

Some people who have viewed this film after reading the novel are struck by the youthfulness of Benjie and his friends. What do you think? In what ways does Benjie seem like a 13-year old? In what ways does he seem older, or younger?

The movie probably looks and sounds out-of-date to you. Identify changes you would make in costumes, hairstyles, music, and even slang if you were do direct the remake of this movie.

If you were to direct the remake of this movie, what elements might you keep the same? What things about a story like this might not change if it were to be 1991 and realistic? Consider the plot events, characters, theme(s), setting, costumes, etc.

Compare the pusher in the movie to the pusher in the original novel. Which do you think is more realistic?

Discuss Benjie's first hit of heroin. Why does he take it if its so painful? Why does the boy (and not the pusher) assist Benjie? What's going on in the woman's mind?

Consider Benjie's experience at the treatment center. How is it treated in the book? How would you describe his experience as it was portrayed in the film? Why the photo stills at the beginning of his days there? Why is he singled out during the scene on the lawn, and why does everyone seen to yell at him?

What visual clues tell you that Benjie and his companions are in a hospital or an institution during the portrayal of his stay there? (Note: rather austere furniture, hospital wrist bands, the presense of nurses and doctors in uniform, hospital robes and slippers -- these "props" were not for the sake of the film, but are part of the treatment center setting to remind patients of the seriousness of what should be regarded as an illness.

The bathtub scene -- why has this been added? And why is Mama acting so crazy?

Did Benjie get high after the funeral? Yes or no, what makes you think so?

Home alone with Benjie, why does Grandma lock the door of her room and sit on the floor?

Note the music during the chase scene. What instruments do you hear? How does the music affect your emotions?

Why has the chase seen been added? Does anything of its equivalence appear in the novel?

Benjie is back on drugs. How? Why? Did he not learn anything at the rehabilitation center? Why does he insist to his friend that he's not a junkie?

Compare the ending of the novel to the ending of the movie? According to the end of the movie, is Benjie going to make it? Support your opinion.

5. Following the discussion, each group assumes the role of Benjie's (and his family's) counseling team. Together, each team devises a one year plan for them -- what Benjie must do in regards to school, friends, sports or activities, reporting to counseling or support groups; changes his family members must work on in regards to Benjie and their entire family relationship; what the counseling group will do to help them meet specific goals.

Created by: JUDY ULRICH -- 12/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 9-12
COMMUNICATION ARTS
DURATION: APPROX. 1 WK

A HERO AIN'T NOTHIN' BUT A SANDWICH

[The novel upon which this lesson is based is nearly 20 years old but unlike some books of the same period it is timeless. It is not didactic, nor does it in any way glamorize the drug scene. In fact, relatively little drug use is directly depicted. The focus is the aftermath effects upon the user and his family.]

PURPOSE (DRUG ED):

Students will consider how drug abuse affects the lives of individuals besides the user.

Students will articulate qualities of "heroism" for real life role models.

PURPOSE (SUBJECT AREA):

Students will recognize and be able to create examples of first person narration.

Students will recognize and be able to interpret various forms of slang or colloquialisms.

Students will compare and contrast multiple first person narration techniques with third person narration.

MATERIALS:

Childress, Alice. A HERO AIN'T NOTHIN' BUT A SANDWICH.
New York: Coward, McCann & Geoghegan, Inc., 1973.

ACTIVITY:

The class will study the contemporary, realistic novel about 13-year-old Benjie, who resists recognition that he is a junkie, as are several of his other companions. The novel presents its story uniquely, through 1st-person monologues by Benjie, his mother, stepfather, friends, teachers, grandmother, and even the local pusher. A fictionalized church bulletin, news ad, and articles provide further story details. Students read, discuss, and write, using the novel as a springboard.

VOCABULARY:

First person/third person narration, monologue, slang, heroin (skag).

PROCEDURE:

1. Teacher introduces the novel by discussing slang/jive/street-talk, using examples from the novel ("chile" for child, "Cads" for Cadillac, "letrit" for electric); by reading aloud the first chapter (Benjie's monologue); and by leading the class to identify and define additional slang terms.

2. Students form small groups to continue reading aloud (next are monologues of Benjie's stepfather and his friend); listing and defining slang terms; and, comparing and contrasting the three characters' ways of speaking and differing viewpoints of same story events.

3. Teacher leads analysis of fictional church bulletin which appears next in the novel, after the three opening monologues. Whose viewpoint on the drug scene are we getting now? What is that viewpoint? What recourse do they have? This author is furthering the story by providing us with a fictional document, an artifact from the time and place of the story; can you think of other authors who use similar techniques? (A.A. Milne, detective writers may come to mind) How do novelists usually convey this type of information?

[Students should now feel comfortable reading the story on their own and are assigned, possibly over the course of a week, to do so. The teacher might wish to segment the reading; he/she might continue discussions throughout the week; the teacher is strongly encouraged to read aloud additional portions to facilitate students' awareness of character voice differentiation. Alice Childress works predominately as a playwright; her experience in developing individual speech has certainly influenced her crafting of this novel.]

4. Class brainstorms about other types of documents or communications which the author might have used to further the story: possibly articles from Benjie's school newspaper, a goodbye note from Benjie's mom to his stepfather, a letter from his grandmother to a relative. In pairs, students devise a document which Childress might have included in the book; choices must be logical within the context of the story, they must be accurate in regards to the information revealed, and each document must reflect a specific viewpoint about the drug problem of the story.

5. Class discusses the ending of the story. What's happened? Where's Benjie? How do you know? What will happen next? Why does Childress "leave us hanging"? What might she be implying about Benjie and his drug problem? Each student chooses a character from the novel and in first person narration writes a logical final episode. Students must be prepared to defend choices.

6. In groups, students analyze the significance of Childress' title. Who might be the hero of this story? What makes a hero? How do book or movie heroes differ from real life heroes? List the qualities of a real-life hero.

EVALUATION:

Collect and analyze writing samples to determine if both drug and language arts objectives have been met.

Collect notes and writing samples from group activities to determine level of participation and understanding.

Ask students to identify slang terms in other writing samples; ask them to select first person narratives out of a variety of samples.

Ask students to identify ways in which Benjie's addiction impacted the lives of each of the other characters in the novel.

SUGGESTIONS:

-Help students understand that slang and colloquialisms are used by all people -- it may be useful to list and discuss the students' own slang, and to help them see how language changes over time and place. Slang or street-talk is not a sign of stupidity. Some individuals consciously maintain their use of individual slang, as a source of ethnic pride and identity. Much slang eventually becomes incorporated into mainstream language.

-You may prefer to do #6 above as an individual writing assignment or even as ungraded journal work.

-Show and discuss the 1978 video version of the novel (with Cicely Tyson and Paul Winfield):

> A HERO AIN'T NOTHIN' BUT A SANDWICH. Paramount Home Video, 1978. (sold for $14.95 through Baker & Taylor Video, 501 South Gladiolus, Momence IL 60954; 1-800-435-5111.)(or loan from Western Montana College Library)

Created by: JUDY ULRICH -- 12/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDI9.2

GRADE LEVEL: 9-12
COMMUNICATION ARTS/
HEALTH

ORGANIZATIONS FOR ALCOHOLISM

PURPOSE: To learn more about the treatment and purpose of organizations that treat alcoholism.

ACTIVITY: Gain information from and attend a meeting of such organizations Alcoholics Anonymous or Alateen.

MATERIALS: None

PROCEDURE:

1. Write to an organization that helps alcoholics ask for information and permission to attend a meeting.
2. Compile your information from the written materials and from your visit.
3. Write a report from the information you have gained.

Created by: DICK BROSSEAU -- 12/11/89

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDI9.1

GRADE LEVEL: 9-12
COMMUNICATION ARTS

DRUNK DRIVING AD

PURPOSE: To bring about an awareness of the danger of driving and drinking.

ACTIVITY: Make an AD Radio type or T.V. for your school against Drinking and Driving.

MATERIALS: T.V. video recorder, VHS player, or sound recording system and public address system.

PROCEDURES:

1. Write for material from such organizations as MADD, SADD, or other organizations about Drunk Driving.
2. Use the information to write a radio or television ad to convince the public not to drink and drive.
3. Choose a week such as "Red Ribbon Week" to run the ad over your school P.A. system or play the video during an appropriate time.
4. Students contact local T.V. or radio stations to request airing their ad as a Public Service Announcement.

Created by: DICK BROSSEAU -- 12/11/89

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 9-12
COMMUNICATION ARTS

"BODY PARTS"

PURPOSE (DRUG ED):	Awareness of body areas affected by drug and alcohol use.
PURPOSE (SUBJECT AREA):	Students will take notes from lecture and summarize information.
ACTIVITY:	Working with a partner, students will trace their body on large paper and fill in where the body is affected by certain substances.
MATERIALS:	-Large butcher paper -Markers -Anatomy books -Arrange for a doctor or a nurse to come to class to discuss effects from drugs and alcohol. -If guest lecturer is not available, have various resources for student to research information. Health books, and various information from counselors are a good source.
PROCEDURE:	1. Direct guest lecturer to be specific as to parts of the body affected by drugs and alcohol. Examples-alcohol affects liver, stomach, brain; tobacco affects skin, lungs, teeth, breath; cocaine affects nose, brain, heart, liver; crack affects lung, brain, etc. Have students take notes. 2. Divide class into partners and each group will trace one partner's body on butcher paper. 3. Comparing notes, groups will write on body drawing, in appropriate places where the drugs affect the body. Different colored markers for each substance can be used. Have anatomy books or photocopies of internal organs available. 4. Have students move around the room to compare, and add ideas to their own body tracing.
EVALUATION:	Hang bodies around room. Have students create a quiz, each group contributing one to three questions. Administer quiz allowing students to research answers from the bodies.
SUGGESTIONS:	Similar project: To identify students' positive attributes as seen by peers. Give student class list to all students, and after each name write a positive comment. Students then write comment on tracing of that specific student.

Created by: ROBIN BISSELL -- 10/24/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 9-12
COMMUNICATION ARTS

DRUG LAWS

PURPOSE (DRUG ED):	Students will become acquainted with the penalties assosicated with drug possession and sale of dangerous drugs in Montana.
PURPOSE (SUBJECT AREA):	Debate the issue of penalties for drug sale and possession.
ACTIVITY:	Student will review current penalties for drug possession and sale, and conduct a debate on the issues involved.
MATERIALS:	-Copy of penalties for sale and possession of dangerous drug in Montana handout (copy follows)(*provided by the office of the Attorney General)
PROCEDURE:	1. Distribute and briefly discuss the penalties handout. 2. Have students divide into 3 groups; citizens, law enforcement, and drug offenders. 3. Each group prepares a list of pros and cons related to the penalties, example: citizens pros--keep drug offenders off the streets, cons--cost taxpayers a lot of money. 4. In a debate setting, one spokesperson from each group will address their point of view. Various combinations of pros and cons can be obtained by pick of the hat or teacher choice.
EVALUATION:	Monitor appropriateness of pros and cons.
SUGGESTIONS:	-Have student write a paragraph on their own personal views after the debate. -Have an attorney, police officer, or judge come in to explain laws, and answer questions.

Created by: ROBIN BISSELL -- 11/5/91

PENALTIES FOR POSSESSION OF DANGEROUS DRUGS UNDER MONTANA LAW, 45-9-102,MCA

DRUG	QUANTITY	PENALTY - 1ST OFFENSE	PENALTY - 2ND OFFENSE
SCHEDULE I DRUGS:			
Certain Opiates, including Heroin	Any	Not less than 2 yrs. Not more than 5 yrs. Fine of not more than $50,000	Same as for 1st Offense
Hallucinogens (inc. LSD, Peyote, Mescaline)	Any	Not more than 5 yrs. (sentence must be deferred if under 21 yrs. of age) Fine of not more than $50,000	Same as for 1st Offense
Up to 60 grams Marijuana	Marijuana Up to 1 gram of	Not more than 6 mos. jail (sentence must be deferred if under 21 yrs. of age)	Not more than 1 yr. jail or 5 yrs. prison Fine of not more than $50,000
	More than 60 grams of Marijuana More than 1 gram of Hashish	Not more than 5 yrs. (sentence must be deferred if under 21 yrs. of age) Fine of not more than $1,000	Not more than 5 yrs. Fine of not more than $1,000
SCHEDULE II DRUGS:			
Cocaine in any form including Crack	Any	Not more than 5 yrs. Fine of not more than $50,000	Same as for 1st Offense
Methamphetamine	Any	Not more than 5 yrs. (Sentence must be deferred if under 21 yrs. of age) Fine of not more than $50,000	Same as for 1st Offense
SCHEDULE III DRUGS:			
Steroids	Any	Not more than 6 mos. jail Fine of not less than $100 or more than $500	Not more than 5 yrs. Fine of not more than $50,000

Provided by the Office of the Attorney General, 1991

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 9-12
COMMUNICATION ARTS/PHYSICAL
EDUCATION\HEALTH/SCIENCE

PHYSICAL EFFECTS OF ALCOHOL

PURPOSE (DRUG ED): Students will experience physical effects similar to those that occur when using alcohol in a safe environment without endangering the body.

PURPOSE (SUBJECT AREA): Language Arts - Students will develop skills in observation and recording primary research information to organize collaboratively into a presentation/discussion as well as critical thinking skills.

Physical Education - Students will utilize the psychomotor domain to mimic the effects of alcohol and some drugs on the body and brain.

Health - Students will use previous knowledge to analyze the physical effects that alcohol and some drugs have, illustrate their knowledge of group dynamics to work cooperatively with multi-aged combinations, and build esteem of other members in their group as well as the class.

Science - Students will use scientific method to predict the course of events that will occur and to record those predictions with explanations.

ACTIVITY: Students will use varied skills to discover, through first hand experience and observation, the physical effects to the body and areas of the brain due to consumption of alcohol and various drugs.

MATERIALS: 15 footballs, 15 playground balls-medium size, 25 tennis balls, 20 softballs, non-transparent tape, and enough safety glasses for every 3 to 4 student in the class. Any objects may be used as long as they are various sizes and shapes.

PROCEDURE:

1. Students should be organized into groups of three to four consisting of various age levels ensuring one representative from each age in each group. They will choose one representative from their group to go through the activity. The others in the group will monitor in writing what happens to the representative as the activity progresses. Each group will be responsible for stating the progression of physical effects and how they changed as the activity went.

2. The chosen representatives will wear the safety glasses and be organized in a line with some space between them. They will choose one ball or object to pick up. The largest ball represents a shot of hard alcohol, a medium sized ball represents a glass of wine, and the smaller balls represent a

beer. After they have picked one ball, they walk around the room. It is recommended that they have different functions to complete in different sections of the room. For example: stepping up on a step and down the other side, writing their name on the chalkboard, turning around three times, bending over and moving an object, reading a passage from a book, etc. (The room may have objects that have to be maneuvered around and could represent any objects found where alcohol is consumed.) Each time they come in to pick up a ball, a piece of tape is randomly placed on each lens of the glasses they are wearing. As they continue to pick up balls and get tape put on their glasses, it will become progressively harder to do basic skills. The activity continues until every representative is unable to continue.

3. When the representatives cannot go on, they may put the balls back into the containers and sit in their groups. Each group should go through their progression of events and make sure they have them all.

4. Discussion should be focused on the changes that occurred to each representative and how these changes are similar to consumption of alcohol and to different kinds of alcohol consumed. Discussion of alcohol's effects on the brain and brain functions should be covered previously to their exercise and reinforced by it.

EVALUATION: Evaluation should be based on the following: group cooperation/organization, following directions, recording and presentation skills, and predictions skills and reasoning.

SUGGESTIONS: This lesson can be taught cooperatively by teachers in language arts, science, physical education, and health. Combining curricular areas and reinforcing the importance of each through evaluation is ideal. Including students of various age levels also allows for varied input from those students and focuses on the need to allow every learner a chance to do what they are good at in a group setting.

Created by: VENUS DODSON -- 11/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 9-12
COMMUNICATION ARTS/
DRAFTING/ART/HEALTH/
ALL

SELF ESTEEM & COMMUNICATION SKILLS

PURPOSE (DRUG ED): To build self esteem and communication skills through journal writing and poetry. To work collaboratively with students of different ages in groups to accomplish a task that must combine personalities of each member of the team.

PURPOSE (SUBJECT AREA): Language Arts - Developing skills in journal writing and poetry to discuss something good about themselves that can be expressed in writing or illustrations and placed on a kite, verbal and written self-expression.

Drafting - Utilize skills on autocad to create a design for a kite that can fly, including illustrations and writing. They will understand the structural necessities for building a kite.

Art - Create illustrations of self expression that can be placed on the kite.

Health - Students will work with others of various ages and be exposed to the diversity that different ages brings to an assignment. They will also know the essential elements of safety in kite flying.

All - Develop and utilize critical thinking skills and problem solving to best meet the criteria of the assignment.

All - To instill enjoyment and trust in learning. All student ideas are worthy of recognition, and each individual is important in their own way.

ACTIVITY: Students will work collaboratively in groups of 2-3 using writing, art, and drafting skills to create a kite that can be flown and that illustrates a view of themselves in writing, illustrations and design of the kite.

MATERIALS: With the help of the drafting instructor students will choose structural materials for the kites and material for the shell of the kites. They will need writing materials, a notebook for the journal and art materials.

PROCEDURE:

1. Journals will begin several weeks before the assignment is due and will develop ideas that may or may not be shared with everyone. Each day a different subject will be given for journal writing that focuses on various aspects of themselves. The journal format is an excellent method for generating thoughts and ideas to refer back to when completing the kites. Students will write creatively about themselves in the genre of poetry and create drawings focusing on themselves as well. They may use

poetry or drawings they have created before.

2. Organize students into groups of 2-3, ideally mixing ages and abilities. Students may also choose who they want to work with. Students then begin to collaborate on which poetry and drawings would be best on the kite as a group.

3. Use autocad and/or drawings to create and choose a kite design that would best fit the drawing and poetry as well as spirit of the people involved. They will also discuss what materials would be best to construct the kites with the design they have chosen.

4. Organize all necessary elements to build the kite including all aspects required in the assignment, utilizing critical thinking skills and problems solving as groups.

5. Use weekly class discussions to share what each group has accomplished along the way, so that each group gets feedback from others that may help them develop their kite.

6. When all kites are finished and groups are ready they will give a verbal presentation about their kite. Why they chose their design, drawings, and writings. Each group will fill out an evaluation sheet about the other presentations done on the basis of following directions, clear presentation, and speaking style.

7. When presentations are done, the entire class will go to a safe open area to test fly all the kites. Awards will be given for a variety of categories to ensure each group receives some award dealing with their kite. The awards will be voted on by students in the class.

EVALUATION: Evaluation should be based on ability to work together, following directions of the assignment, writing, journals, drawings, autocad design, final presentation, creativity and success of flight.

SUGGESTIONS: The focus of this assignment should be very positive. Building self-esteem, communication skills, and working collaboratively to end with a kite that represents each personality in each group. Even if the kids don't fly well, the effort put into developing the kite, time spent writing and thinking about themselves, and the relationships made should be the most import part of the learning process. Awards are a chance to highlight each person for their special contribution to the projects in a positive manner. It is a fun activity that's not too complex but is out of the ordinary.

Created by: VENUS DODSON -- 11/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 9-12
(Can be used for Senior Project)
COMMUNICATION ARTS/HEALTH/
SOCIAL STUDIES/SOCIOLOGY

SELF WORTH

PURPOSE (DRUG ED): Students will create a multi-media presentation that expresses their view of themselves and their self-worth in their environment.

PURPOSE (SUBJECT AREA): Language Arts - Students will explore and utilize various forms of multi-media to express their view of themselves in a presentation format. The presentation may be verbal, video, written, computer, or artistic or a combination of these and others. And students will be required to write expressively about themselves in a journal. The writings will be used to develop ideas for the assignment.

Health - Students will discuss and understand the concept of self-worth, individuality, and each person's value in society. A healthy self-concept during teenage years is vital to each student's physical, emotional and mental health.

Social Studies/Sociology - Students will be exposed to literature, text and films that illustrate man's various roles in society as well as the importance and responsibility of those roles.

ACTIVITY: Students may work individually or in a group to create a presentation through a media form that expresses their unique view of themselves at this time in their present environment.

MATERIALS: Access to computers, video equipment, costumes, art supplies, and library materials, depending on what media the students choose and the available of the materials. They will need a notebook for journal writings.

PROCEDURE:

1. Through discussion and activities in health, social studies and language arts each student will have information from writings, films and class discussion to use as resources for developing an image of themselves to present to the class. This information is primarily to illustrate that each individual is important, in their own way, and has a responsibility to the society\environment they are in. A journal will be required for language arts that focuses on writing about themselves. Writings in the journal do not have to be shared, but are for the purpose of self exploration to be used for the assignment. The assignment will stress that each person should develop their own impression unique to themselves but can work cooperatively with others to complete the project.

2. Each student will be assigned a project advisor which can be any teacher that is interested and knows the limits of the assignment. Each project advisor is there to guide the student in completing the project as assigned and to work on any problems or questions that arise.

3. They must organize their information in the first stages of this assignment then choose which medium (or combination of) they will use to present the information. Also the gathering of materials and the agreement of anyone that is going to help them should be complete before the actual putting together of the project. When all of this is decided, the student will turn in a project proposal including a timeline to be ok'd by classroom teachers and their advisor before they proceed.

4. After their project is cleared, the students have a set amount of time to complete the project. Each week a report must be handed in to check progress. Each student covers their project in class discussion on a designated day of the week and receives feedback from students and teachers involved. Also at least each week they will meet with their project advisor to evaluate progress and problems. Each advisor will have a predetermined check list to complete before the final project is presented to insure the completeness of the project.

5. Final projects will be presented to the class or possibly the student body. Each student will receive written feedback from at least three judges on criteria to be evaluated.

EVALUATION: The grade will be based on the process followed to complete the assignment which includes the following: project proposal, advisor's checklist, weekly reports and final presentation. Teachers should decide what percentage each of the criteria are worth in the final grade.

SUGGESTIONS: Ideally this is meant to be a cross-curricular project involving at least the three disciplines mentioned above and taught by a teaching team. It can be used as a senior project involving various classes. The focus of the assignment can and should be adapted by those teachers involved in the project. It can also be adapted for various high school levels and subject matters. Teachers need to decide upon grading procedure, timeline, and involvement of other school personnel and equipment. It can be an amazing project if organized and followed through with each student. Project advisors are vital to helping each student complete the assignment and keep on track as well as weekly class discussion. Depending on the number of students involved, other teachers not directly involved in the project can be used as advisors.

Created by: VENUS DODSON -- 11/91

FINE ARTS

LESSON:

GRADE LEVELS K-4
ART

TEACHERS, DOCTORS, NURSES, POLICE; WHO ARE THE "HELPERS" IN OUR LIVES?

PURPOSE (DRUG ED):	Identify Authority figures - and role models who can help us when we need help.
PURPOSE (SUBJECT AREA):	Create a three dimensional helpers box. (Pattern follows)
ACTIVITY:	Students will create a 3D cube with resource people pictured on the box.
MATERIALS:	- crayons - glue

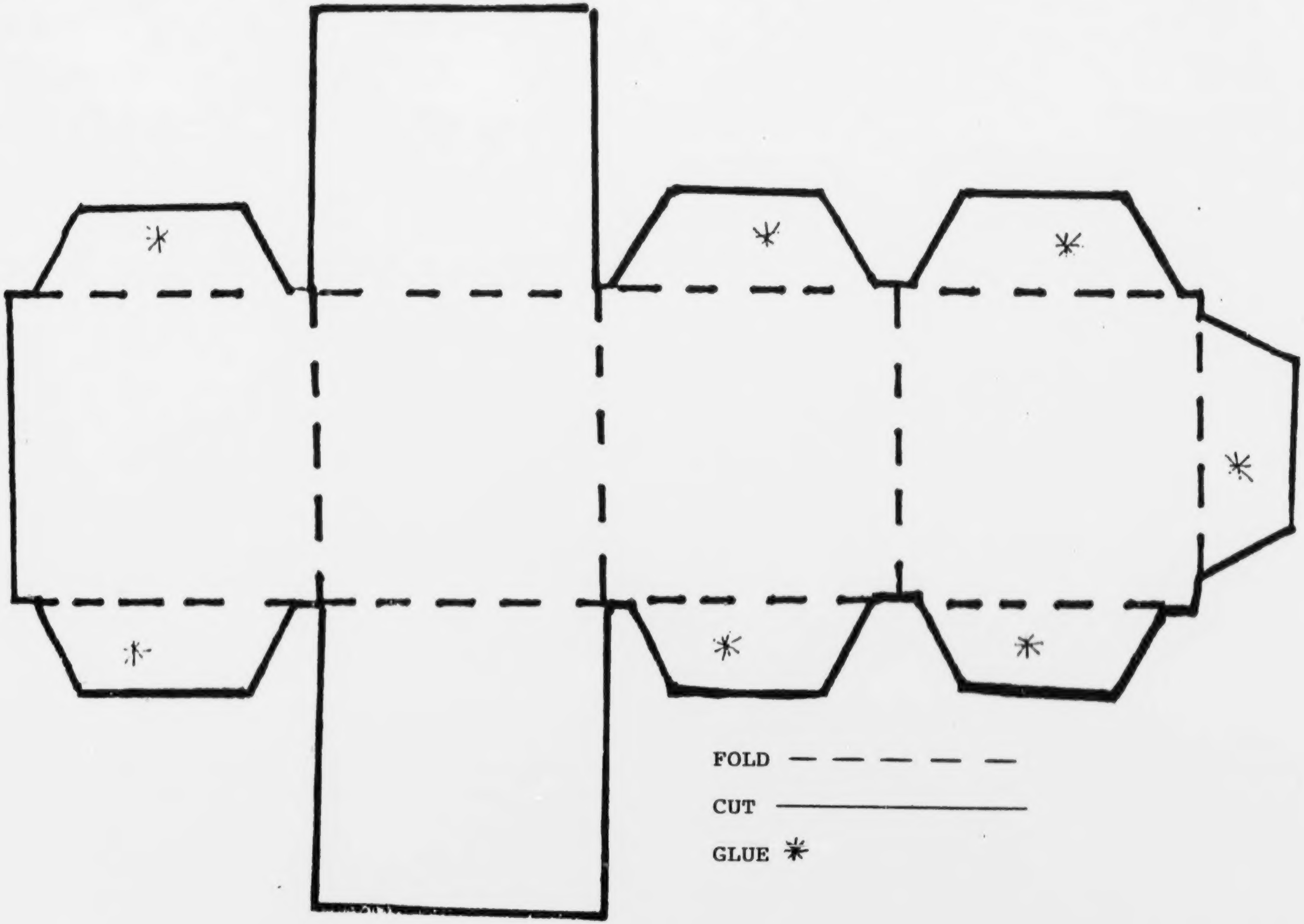
PROCEDURE:

1. Have a class discussion defining and identifying helpers, list on board, i.e. teachers, doctors, nurses, parents, principals, counselor, police.
2. Why are these people helpers? What problems could they help you with? When would we call them? Steer childrens' thoughts towards problems that are serious and/or appropriate.
3. Have students choose six helpers, draw their picture on the box, along with any information that might pertain to the person, i.e. phone number, type of problem they can assist with, whatever student sees as important.
4. Glue box together; --demonstrate how box is folded and glued, --glue tabs go underneath.

EVALUATION: Make sure students are choosing helpers appropriate to their own needs and resources.

SUGGESTIONS:
- Use cardboard - have boxes open for students to fill with whatever.
- Mixed media - glue on fabric scraps - construction paper, buttons, etc.

Created by: ROBIN BISSELL -- 11/5/91


FOLD
CUT
GLUE *

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS K-4
ART

THE MOST IMPORTANT PERSON

PURPOSE (DRUG ED): Promote self image by painting a portrait of the "most important person."

PURPOSE (SUBJECT AREA): Learn and/or review basic concept for mixing primary colors to create secondary color.

ACTIVITY: Create a self portrait, showing themselves as the most important person.

MATERIALS:

-Tempra paint--primary colors and water containers
-Brushes, various sizes
-Paper--at least two large sheets for each child

PROCEDURE:

1. "I see 21 (how many in class) most important people in this room." Who are they? Why are you so important? Tell me one important thing about yourself, i.e., nice to my friends, like to read, etc.
2. Who knows what the primary colors are? Red, yellow, blue. What happens when you mix red and yellow, yellow and blue, and blue and red?
3. Have students practice mixing colors to create orange, green, and purple by painting a square of yellow, then paint over red to make orange. Continue with other colors.
4. When they are comfortable with color mixing, have them paint a "self portrait", showing why they are the most important person.

EVALUATION: Every child is an important person! How they portray themselves is appropriate to their own situation.

SUGGESTIONS:

-Show examples of artist's self portrait--if possible.
-Encourage children to use the whole page.
-Do in the beginning of the year, and toward the end, compare the portraits!

Created by: ROBIN BISSELL -- 10-21-91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS K-4
ART

WHO GIVES YOU MEDICINE?

PURPOSE (DRUG ED): Define medicines, understand the uses, and who can administer them.

PURPOSE (SUBJECT AREA): Create a "combination" drawing/collage.

ACTIVITY: Students will discuss and define medicine, then create a collage relating to their own experience.

MATERIALS:

-Magazines
-Newspaper
-Scissors
-Glue
-Paper
-Crayons or colored pencils

PROCEDURE:

1. What are medicines? Why do we take them? Who can give us medicine? Write all ideas on the board.

2. Continue discussion, stressing why it's o.k. to take medicine from some people and not others. For example, your big brother or sister might not know when or how much to give you. Cross off the inappropriate answers, adding other appropriate ones.

3. Have student look through magazines and newspaper, cutting out pictures of medicine advertisements.

4. Have student glue advertisements to paper then draw on the paper their own appropriate medicine administer, handing the student the medicine.

EVALUATION: Check for each student's own appropriateness of their choice.

SUGGESTIONS:

-Have students ask parents/guardians whom, in their family may administer medicine--mom, dad, grandma? And report to class orally.
-Invite a doctor or nurse in to answer questions about drugs.

Created by: Robin Bissell -- 11/10/91

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI2.3

GRADE LEVELS: 2-3 (7-8 years)
ART

ADVERTISING

PURPOSE: To have the children explore the effects of advertising.
To improve decision-making ability.
To clarify personal values and attitudes.

ACTIVITY:

1. Have the children:
   - (a) Make a collage of positive health-related products cut from old magazines. Discuss how the products add to our good health.
   - (b) Make a collage of products advertised that are not good for our health or are not for children (cigarettes, alcohol, diet pills, sleeping pills, and so forth).
2. Discuss the difference between needing something and wanting it. Collect pictures of things one may need and of things one may want.

   ASK: Where did you first see some of the things that you want? (Explore the advertising on TV, newspaper, and magazines, to make the children aware of the influence and appeal of the media).
3. Ask the children: Were you ever disappointed after getting something that you had ordered after seeing it in an ad? Talk about it. Was the ad totally honest?

Created by: C. WIESE--4/11/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 5-8
ART

"POWER JEWELRY"

PURPOSE (DRUG ED): Identify personal strengths

PURPOSE (SUBJECT AREA): Create symbol and a contemporary piece of jewelry. Defining abstractions and thumbnail sketch.

ACTIVITY: Students will design a personal symbol that represents strengths, and use the symbol to design a piece of contemporary jewelry.

MATERIALS:

-Salt dough (recipe on next page) or Sculpy or Fimo (available at most craft & art stores or from art or school supply catalogs)
-Acrylic paint
-Spray enamel (sealer)
-Paper
-Pencils
-String or chain, pins, or bolo ties
-Super glue

PROCEDURE:

1. Have students discuss/brainstorm the scary aspects in their lives, i.e., tests, homework, big brother, mean kids at school, etc. And the strengths in their lives; sports skills, best friends, clubs, favorite color, etc.

2. Each student will make their own list.

3. Define abstraction thumbnail.

4. Using student list they are to design a symbol to represent their strengths to ward off the scary aspects in their lives. Five to ten thumbnails are drawn to combine, abstract and obtain a symbol.

5. When symbol is obtained, and okayed, students can sculpt their symbol, keeping in mind final product for size requirements. Bake sculpy or salt dough as recipe calls for. Paint with acrylic paint. Seal with enamel, and attach to "Jewelry".

EVALUATION: Symbols are representation of students' strengths and need not be obvious to any one else.

SUGGESTIONS: -Small areas, or parts might break off before completed. Encourage simplicity!!

Created by: ROBIN BISSELL -- 11/91

MODELING DOUGH RECIPES

Dough Modeling Compound I:

2 cups flour mixed with 2 cups salt. Add enough water to make a creamy consistency. Powder paint or other coloring may be added, or it may be painted after it is dry. Excellent for relief maps. Build elevations in layers, allowing each layer to dry before adding another.

Dough Modeling Compound II:

1/2 cup soft bread crumbs
1/2 cup flour
1/2 teaspoon alum (beaten egg white)

Mix the above ingredients together and color with powder paint or water colors.

Doug Modeling Compound III:

1 cup flour
1/2 cup salt
3 teaspoons powder alum (few drops coloring)

Add water to the above ingredients until the proper consistency for modeling.

Dough Modeling Compound IV:

1/2 cup table salt
1/2 cup cornstarch
1/4 cup water

Mix the ingredients thoroughly and cook over low heat, stirring constantly until mixture stiffens into a lump. Use modeling mixture when it is cool enough to handle.

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 5-8
ART/COMMUNICATION ART

FUTURISTIC PERSONAL WORLD

PURPOSE (DRUG ED): Investigate future alternatives attainable to students.

PURPOSE (SUBJECT AREA): Students will paint a futuristic self portrait.

ACTIVITY: Students will examine future plans and goals and paint a self portrait.

MATERIALS:

-Paint-Tempra, acrylic, or watercolor
-Brushes
-Paper
-Pencils

PROCEDURE:

1. Discussion about students' future plans and goals. What are your options? What are your dreams? Are they realistic? Do you think you will ever get there? What will it take to achieve your personal goals?

2. Have student write down their personal goals, and how they might obtain them.

3. From the above list, have student do a sketch including themselves pictured experiencing their goals. Examples: As a doctor performing surgery; flying an airplane; teaching a class, etc.

4. Paint the picture on good quality paper. Remind students to use all of the space, and to make their goal obvious by putting "tools of the trade" in the painting.

EVALUATION: Check that student choices are positive.

SUGGESTIONS:

-Have counselor come in to talk about post secondary education and job opportunities.
-Invite community members in to share about their various jobs, and education or training involved.

Created by: ROBIN BISSELL -- 11/12/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:		GRADE LEVELS 5-8 ART

MURAL, "OUR COMMUNITY TOGETHER"

PURPOSE (DRUG ED):	Identify resources and strengths of the community.
PURPOSE (SUBJECT AREA):	Paint a mural on school property.
ACTIVITY:	Student will identify strengths of the community and paint a mural that reflects these strengths.

MATERIALS:

-Acrylic paint-latex house paint, gloss or semigloss
-Paint drop
-Brushes
-Storage
-Chalk
-Masking tape

PROCEDURE:

1. Discuss what makes "our" community so special. Is it the natural setting? The cultural opportunities? The people? Who specifically stands out in our community? Maybe the police chief? A store owner? A teacher? What are some of the characteristics these people possess that strengthen the community?

2. Decide on the aspects of the community to be illustrated. Divide into small groups, having each group work on creating a design. Photographs can be enlarged with an opague projector, or slides can be made and projected to have realistic images. Group should make a mock-up design true to color and design, not size.

3. When mock-ups are completed, hang in conspicuous location and arrange for school-wide or community vote on one design or option.

4. Design chosen is transferred to location desired by above transfer methods--or a grid.

5. Paint mural; depending on size, have only a part of group work on the mural at a time. Other students can be assigned to clean-up, set-up, materials, etc.

EVALUATION: Check that the objective is addressed in all phases of production.

SUGGESTIONS:

-Be sure to include administration on all levels of production, have design, location, materials, painting times all okayed.
-Color schemes such as monochromatic, analogous, complementary, add an exciting element to the mural.

Created by: ROBIN BISSELL -- 10/29/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 9-12
ART

RECOVERY PROCESS POSTERS

PURPOSE (DRUG ED):	Examining the recovery process; Prevention/Identify Problem/Treatment/Aftercare.
PURPOSE (SUBJECT AREA):	Design posters in analogous, complementary, monocromic, or primary color.
ACTIVITY:	-Divide class into groups with each group having an area of recovery and a color scheme. -Discuss how posters draw our attention--show examples: (can be obtained at video stores.)
MATERIALS:	-Poster board -Tempra paint -Brushes -Practice paper and pencils
PROCEDURE:	1. Have students brainstorm about the most important aspects of their group, i.e., prevention - educating against dangers, alternative activities, saying **NO**, taking control, resource people, etc. 2. Choose 3 to 5 most important aspects from list. 3. Choose a slogan for group, i.e. Identifying Problems: Do you have a problem? After Care; So you made a mistake - Now what? 4. Design and paint poster with above information with color scheme of groups choise.
EVALUATION:	Have students critique posters - Do they work? And why?
SUGGESTIONS:	-Hang posters in school in obvious locations.

Created by: ROBIN BISSELL -- 11/4/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 9-12
ART/COMMUNICATION ARTS

AD CAMPAIGN

PURPOSE (DRUG ED): Examine advertising industry and how alcohol and tobacco are promoted in our society.

PURPOSE (SUBJECT AREA): Create advertisements promoting positive behaviors.

ACTIVITY: Advertising has a large effect on society. Advertisement for alcohol and tobacco products are seen and heard every day on billboards, magazines, T.V., radio, newspapers. Advertising is a multi-million dollar industry. Students will create an ad relevant to their lives encouraging healthy behaviors.

MATERIALS:

-Posterboard
-Tempra paints
-Brushes
-Newspaper
-Magazines/Newspapers
Optional:
-Tape recorder
-V.C.R. and examples of alcohol ads on T.V.

PROCEDURE:

1. Discuss advertising; How are you affected by ads? Which ads are more powerful and why?

2. Have students look through magazines and newspapers, cutting out three or four ads. Each student orally points out the strengths of their ads, the age group at which they are directed, and the behavior it encourages.

3. Give students the choice to create an ad for newspaper, or magazine or (radio or T.V.) They will choose a topic they want their ad to promote, stop smoking, exercise, eat healthy, etc. Teacher might want to list various ideas on board as students think of them.

4. Advertisement is drawn, painted, taped or filmed depending on media used.

EVALUATION: Have student critique the ads, pointing out what are the strong aspects.

SUGGESTIONS:

-Have students create a cartoon related to the objectives.
-Ask local newspaper to print advertisements or radio station to air the ad.

Created by: ROBIN BISSELL -- 10/22/91

VISIONS--DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 9-12
ART/COMMUNICATION ARTS

"THE GOOD AND THE BAD" PAPER MACHE MASK

PURPOSE (DRUG ED): Awareness of contemporary issues affecting students' lives.

PURPOSE (SUBJECT AREA):
-Paper mache three dimensional sculptural mask
-Problem solving skills

ACTIVITY: Almost all cultures use masks either for religion, for armor, or to create a hero image. Within our culture mime artists, and Halloween are examples. Students will create a mask that symbolizes their ideas for a solution to a problem, acting as an armor.

MATERIALS:
-Newspaper
-Glue
-Water
-Paint
-Brushes
-Masking Tape
-Chicken wire or armature
-Yarn, buttons, fabric, foil, and any interesting object or supplies
Optional:
-Photos of masks and armor

PROCEDURE:

1. Working with a partner, students decide on a topic to research and depict in a mask. Ideas might be; racism, drug abuse, A.I.D.S., apartheid, sexual harassment, air pollution, poverty, etc.

2. Groups will brainstorm the evils of their topic, and ideas to solve or combat the evils. Write a list of the evils, and the tactics to change them. From the list develop a symbol that represents the ideas for change. Sketch the symbol into a mask. It need not have eyes, ears, nose, etc.

3. Make an armature out of chicken wire or cardboard boxes, and tape. Mask should be "wearable" when complete. Masks may cover whole head and shoulders, or just part.

4. Paint and decorate mask.

5. Each group will present mask to class, sharing their topic and ideas.

EVALUATION: Remind students that positive actions makes charges, and their idea might not be obvious or even realistic. Encourage higher level thinking!

SUGGESTIONS: Work cross curricular, having the English department write stories related to the objective, or analyze the problem in the Scientific Analysis method.

Created by: ROBIN BISSELL -- 10/21/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 9-12
DRAMA

BECOMING AWARE OF OTHERS' NONVERBAL BEHAVIOR

PURPOSE (DRUG ED): To recognize the nonverbal behavior of others.

PURPOSE (SUBJECT AREA): To understand the importance of the physical response in building a character.

ACTIVITY: Role-playing nonverbal responses.

MATERIALS: None

PROCEDURE:

1. Students should work in pairs.
2. One partner assumes the role of the helper while the other partner takes the role of the helpee.
3. Play the roles without talking. The person playing the role of the helper should observe changes in nonverbal behavior of the other. Look at the changes in color of skin, facial mannerisms, etc. Keep these changes in mind to share later.
4. As the helpee, the student should think the following thoughts:
   a. About something in your life that made you very happy. Try to clearly imagine the incident.
   b. About something in your life that was very painful.
   c. About something in your life of which you feel very proud.
5. The helper should describe the changes that were seen in nonverbal behavior. The helper could also guess what the changes were.
6. Switch roles when this process is complete.

EVALUATION: Group discussion with students regarding their observations and conclusions that can then be drawn.

Created by: KRYSTINA THIEL-SMALLEY -- 11/19/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVEL 9-12
DRAMA

BUILDING TRUST

PURPOSE (DRUG ED): To achieve peer trust.

PURPOSE (SUBJECT AREA): To illustrate the concept of a group's inter-connectedness with each other.

ACTIVITY: The trust circle.

MATERIALS: Students and a large room.

PROCEDURE:

1. Have students form groups of eight and stand shoulder to shoulder in a circle.
2. One student from the group enters the middle of the circle, crosses his arms over his chest, closes his eyes and lets himself fall.
3. The students in the circle gently catch the student as he falls and passes him around the circle.
4. Keep this process going until everyone in the group has experienced being in the middle.

EVALUATION: When students are relaxed enough to let themselves fall, they have achieved trust.

SUGGESTIONS: Tell students to keep their feet flat on the floor while they are in the middle of the circle. It is best if the strength of the circle is evenly distributed. Watch to make sure that students are not "throwing" the one in the middle too fast. This is a sure way to loose control and have someone take a spill.

Created by: KRYSTINA THIEL-SMALLEY -- 10/31/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVEL 9-12
DRAMA

DEVELOPING A PANTOMIME

PURPOSE (DRUG ED): To assess the physical effects of drug use.

PURPOSE (SUBJECT AREA): To dramatize a conflict in a nonverbal manner.
To physicalize emotions.

ACTIVITY: Students will prepare a 5 minute pantomime which addresses the effects of drug use.

MATERIALS: Will vary with different students.

PROCEDURE:

1. Students should work in pairs.
2. Students write a five minute script for a pantomime which focuses on drug use and its possible effects.
3. Students find accompanying background music.
4. Students practice their pantomimes. Give them about two class periods for rehearsal.
5. Students perform their pantomime for the class and/or other classes.

EVALUATION: Grade could be based on use of practice time, originality of the pantomime, how well the pantomime met the topic, how effective the background music was in establishing a mood.

Created by: KRYSTINA THIEL-SMALLEY -- 11/15/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVEL 9-12
DRAMA

FAIRY TALES

PURPOSE (DRUG ED): To further illustrate ways to say no to drug use.

PURPOSE (SUBJECT AREA): To function effectively in a group.
To create a full story.
To illustrate a story with acting.

ACTIVITY: Rewrite and perform fairy tales so they have some type of anti-drug moral.

MATERIALS: Will vary with each group.

PROCEDURE:

1. Divide the class into groups of four - six people.
2. Groups brainstorm fairy tales to re-write which culminate in an anti-drug message.
3. Groups make final selection and write their fairy tale script.
4. Groups practice fairy tales.
5. Groups make all necessary props and set pieces, line up costumes.
6. Groups perform fairy tales for class first and then for the lower grades.

EVALUATION: Video tape performances and have each group do a self-critique of their performance. Ask them to discuss ways in which their performance could have been stronger and specific instances where they felt their performance was effective.

Created by KRYSTINA THIEL-SMALLEY -- 11/6/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 9-12
DRAMA

GAME SHOW

PURPOSE (DRUG ED): To illustrate the popularity of drugs in current society.

PURPOSE (SUBJECT AREA): To create unique characters brought together by same circumstances.

ACTIVITY: Students will write scripts for and perform a television game show dealing with a drug topic. Examples: A question/answer show, each time the contestant gets a wrong answer, the drug gets more control of the person. Let's Make a Deal...participants choose what's behind doors...have a variety of negative and positive prizes behind the door.

MATERIALS: Will vary with each student group.

PROCEDURE:

1. Students work in groups of 6.
2. Students need to generate a brainstorming list of possible ways to incorporate the drug message into either a current game show or a made-up game show.
3. From the brainstorming list, students make a final choice and assign parts to group members.
4. Students rehearse game show.
5. Students perform game show for class or other group.

EVALUATION: Students write a short essay describing any new information or insights they received concerning drugs. The essays are used for a teacher-led discussion.

Created by: KRYSTINA THIEL-SMALLEY -- 11/5/91

LESSON:

GRADE LEVEL 9 - 12
DRAMA

HOW TO DEAL WITH PEER PRESSURE

PURPOSE (DRUG ED): To illustrate how to deal with peer pressure amongst teenagers today.

PURPOSE (SUBJECT AREA): To portray feelings and ways to illustrate how they react to peer pressure.

ACTIVITY: To perform an improvisation based on peer pressure.

MATERIALS: Will vary with students.

PROCEDURE:

1. Students form groups of four - six.
2. Students will brainstorm situations in which peer pressure occurs.
3. Students will select a situation in which one of the students is faced with peer pressure.
4. Students will then perform their scenes for the rest of the class.

EVALUATION: Students are to be graded on the use of their time in constructing this scene and based on their ability to project this issue.

Created by: KRISTINA THIEL-SMALLEY -- 11/19/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: GRADE LEVELS 9-12
DRAMA

LEARNING TO RELAX

PURPOSE (DRUG ED): To apply relaxation techniques to everyday life.

PURPOSE(SUBJECT AREA): To identify methods of relaxation to be utilized before a performance.

ACTIVITY: Relaxation Exercise

MATERIALS: A Large Area

PROCEDURE: Have students lie on their backs on the floor. Tell them the following: "Close your eyes, listen to your breathing...listen as you exhale, inhale, exhale, inhale. Try and hear as many sounds as you can. Identify those sounds. Listen for the smallest sound you can...listen to the loudest sound. Starting with your toes, tense them up, and now relax them. Now move to your feet, tense...relax. (Guide students through moving up the body tensing and relaxing. When they are at the head, tell them to work their way back down the body, tensing and relaxing).

Now tense up all the muscles in your body at once...hold that tension, relax...feel all the tension melting into the floor...just draining away out the soles of your feet and the tips of your fingers. Feel your feet in your stockings! Feel your stockings on your feet! Feel your feet in your stockings in your shoes! Feel your stockings on your legs. Feel your legs in your stockings. Feel your slacks or skirt over your legs. Feel your legs in your slacks! Feel your underclothing next to your body! Feel your body in your underclothing! Feel your blouse or shirt against your chest and your chest inside your blouse or shirt! Feel your ring on your finger and your finger in your ring! Feel the hair on your head and your eyebrows on your forehead. Feel your nose against your cheeks. Feel your tongue in your mouth. Feel your ears! Go inside and try to feel the insides of your head with your head! Feel all the space around you! Now let the space feel you!

EVALUATION: Discuss with the students about how they felt as their tension starts to melt away. Was there any difference between feeling your ring on your finger and feeling your finger in the ring?

Created By: KRYSTINA THIEL-SMALLEY -- 11/3/91

LESSON:	GRADE LEVELS 9-12 DRAMA

LIFE ON TRIAL

PURPOSE (DRUG ED):	To synthesize the effects of substance abuse on an entire life.
PURPOSE (SUBJECT AREA):	To create an improvisation. To maintain concentration throughout the improvisation.
ACTIVITY:	Students will perform an improvisation dealing with the review of one life after they have died from substance abuse.
MATERIALS:	Will vary with each group.

PROCEDURE:

1. Students will form pairs and devise a scene in which one character is a God-like being, and the other character is a substance abuser.
2. Students will write a script in which the God-like being is reviewing all the details of the substance abuser's life.
3. Students will practice this script and collect any needed props or costumes.
4. Students will perform these scenes for the rest of the class and/or lower grades.

EVALUATION: Grades will be based on the written script as well as students' use of time in class.

Created by: KRYSTINA THIEL-SMALLEY -- 11/19/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:	GRADE LEVELS 9-12 DRAMA

MEMORIZING SCRIPTED MATERIAL

PURPOSE (DRUG ED):	To discover reasons why people turn to drugs.
PURPOSE (SUBJECT AREA):	To increase memorization skills. To build a character.
ACTIVITY:	Memorizing, analyzing and performing character monologues.
MATERIALS:	The play "Addict" by Jerome McDonough published by I.E. Clark, Inc., Schulenburg, TX 78956 (409) 743-3232.

PROCEDURE:

1. Select a monologue from the play "Addict."
2. Complete a character analysis. (form follows)
3. Memorize monologue.
4. Practice performing the monologue making the character as real as you can. Decide how the character walks, stands, gestures, looks and dresses. Try to bring all these ideas to your performance.
5. Perform this monologue for the rest of the class.

EVALUATION: Class members evaluate the effectiveness of each performance either orally or in writing.

Created by: KRYSTINA THIEL-SMALLEY -- 11/1/91

CHARACTER ANALYSIS

(If additional space is needed use separate sheet)

Play Title:

Character Name:

Physical

Age:
Posture:
Dialect:
Eyesight:
Tempo/Gestures/Speech:

Center of Gravity:
Cleanliness:
Hearing:
I.Q.:

Personality

Secret:
Religion:
Prejudices:
Curiosity:
Imagination:
Ambition:
Education:
Ability to Reason:
Alertness/Daydreamer:
Self Image/Ego:
Giving:
Reliability:
Jealousy/Fear/Pride/Inferiority:
Thoughts About Other Characters:

Environment

Parents/Status:
Other Relatives/Status:
Residence/Status:
Job/Salary/Social Class:
Previous Action/Off-Stage Action:

Siblings/Status:
Husband/Wife/Status:

Childhood:

Primary Objective:
Secondary Objectives:

Obstacles (primary and secondary):

Passion(s):

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVEL 9-12
DRAMA

SPINNERS

PURPOSE (DRUG ED): To differentiate between effective ways of saying no and ineffective ways of saying no.

PURPOSE (SUBJECT AREA): To practice quick thinking skills.

ACTIVITY: Spinner improvisations.

MATERIALS: NONE

PROCEDURE:

1. Students sit in a circle.
2. One student volunteers to stand on the outside of the circle while two students volunteer to stand in the middle of the circle.
3. The students in the middle decide between themselves which one will initiate the conversation.
4. The student on the outside of the circle will say "go." The students in the middle will start spinning, using sound effects. They will do this until the person on the outside of the circle yells "freeze."
5. The students in the middle freeze, the student on the outside says, "break away." At this point the two in the middle start a conversation. The topic should deal with one person offering the other person some kind of drugs. The person being offered the drugs needs to find effective ways of saying "no." (See hand-out next page).
6. Continue this process until everyone has a chance to participate.

EVALUATION: Evaluation should be based on participation and apparent willingness to experiment with different methods of saying no. Discuss with the students afterwards what the most effective language seemed to be.

Created by: KRYSTINA THIEL-SMALLEY -- 11/7/91

DIFFERENCES AMONG ASSERTIVE, NONASSERTIVE, AND AGGRESSIVE BEHAVIORS

Assertive Behavior

Assertive behavior involves the ability to express thoughts and feelings in an honest, straightforward fashion that shows respect for the other person. Assertive individuals feel good about themselves. They are capable of expressing both positive and negative feelings and opinions and have no need to rely on "not telling the whole truth." They are open, willing to take risks, and are responsible for their own behavior. Rather than relying on fate, good fortune, or other individuals, assertive persons actively engage in meeting their needs.

Behaving in an assertive manner is healthy and satisfying. Assertive individuals are aware of their basic human rights and can stand up for them. They are able to express how they are feeling and what they are thinking in an honest, firm, direct way. They are sensitive to the feelings and rights of others and usually feel good about themselves and their world.

Nonverbal components of assertive behavior include:

1. good eye contact;
2. spending time with the other person;
3. calm appearance;
4. facial expression consistent with speech characteristics and content; and
5. good posture.

Verbal components of assertive behavior include:

1. expressing feelings and beliefs honestly and directly;
2. standing up for one's legitimate rights;
3. expressing respect and empathy for others;
4. using "I" statements;
5. taking the initiative in interpersonal encounters;
6. offering alternatives; and
7. strong, firm voice.

Acting assertively often involves taking some risk and does not guarantee your getting your own way. It does, however, help you feel good about yourself. It also involves a responsibility to spend time with the other person and work through the issue on both sides.

EXAMPLE

1. "I know you need help on that project, but I'm tied up for the next few weeks and I don't have the time."

2. "I've worked hard in the job and feel strongly that I need a raise. If I don't get one, I'm afraid I'll be very disappointed."

Nonassertive Behavior

Acting nonassertively is an ineffective way of communicating. Individuals who are generally nonassertive have difficulty expressing their opinions, beliefs, and feelings. They do not stand up for their legitimate rights and may feel as though they are taken advantage of by others.

Nonassertive persons inhibit honest, spontaneous reactions and typically feel hurt, anxious, and sometimes angry as a result of their behavior. They frequently send double messages. Verbally they say, "Sure, I'll be glad to babysit," while nonverbally they have a tight mouth, weak voice, and indirectly communicate the opposite message.

Characteristics that nonassertive individuals display include the following:

1. exhibiting shyness;
2. being anxious and nervous:
3. discounting their own worth as persons and making others more important;
4. enjoying martyrdom;
5. placing others' wants and needs ahead of their own;
6. allowing others to make decisions for them;
7. often thinking of what they should have said too late to say it;
8. seldom being able to say no;
9. feeling guilty about saying no;
10. assuming others will know what they need;
11. keeping negative feelings inside (which may result in sadness, stomachache, headaches; and
12. often sending double messages (e.g., saying "It's okay," while tone of voice indicates anger).

Some components of nonassertive behavior are as follows:

1. not stating thoughts and feelings directly;
2. apologizing;
3. making excuses;
4. giving in to requests of others;
5. being silent, and
6. inappropriately agreeing with others.

Aggressive Behavior

Acting aggressively is another ineffective way of communicating. Persons who respond aggressively violate the rights of others. Aggressive persons may think that the only way to get their point across is to yell or cut someone else down.

The purpose of aggressive behavior is to humiliate, dominate, or put the other person down rather than simply to express one's honest emotions or thoughts. It is an attack on the person rather than on that person's behavior.

Aggressive individuals do not feel good about themselves. To make believe that they do feel good about themselves, they put other down in both blatant and subtle ways.

Aggressive persons exhibit a number of characteristics; for example, they may exhibit any or all of the following:

1. inappropriately expressing their feelings and opinions;
2. violating the rights of others;
3. discounting others, often in a sarcastic way, making themselves feel more important;
4. at times, being confrontive, hostile, sarcastic, blaming; and
5. making decisions for others.

Verbal components of aggressive behavior include the following:

1. using "you" rather than "I" statements;
2. using blame and sarcasm;
3. taking no responsibility for own behavior,
4. making no self-disclosing statements,
5. attacking worth of others; and
6. demanding own way.

Nonverbal components of aggressive behavior include the following:

1. having glaring or condescending eye contact;
2. being sarcastic, hostile, or using unusually loud tone of voice;
3. tightening facial muscles; and
4. holding body in an attacking or threatening body posture (e.g., hand on hips, leaning forward, finger pointing).

Peer Power, Becoming an Effective Peer Helper, Judith A. Tindall, PH.D., H. Dean Gray, PH.D. Accelerated Development, Muncie, Indiana, 1985.

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVEL 9-12
DRAMA

TELEVISION TALK SHOW

PURPOSE (DRUG ED): To recognize the characteristics of different types of drugs.

PURPOSE (SUBJECT AREA): To analyze characterization by personifying an inanimate object.

ACTIVITY: A Television talk show with "drugs" as the main guests.

MATERIALS: Will vary with students.

PROCEDURE:

1. Have students research the effects of different types of drugs.
2. Each student then needs to decide what type of personality that drug might have if it were to become a human being.
3. Students prepare a Pill Donahue talk show. Pill Donahue interviews each of the drugs.
4. Pill Donohue should circulate through the audience and allow for questions, debate and feedback.

EVALUATION: Students write a critique of this project, outlining any new information they learned about the various drugs represented.

Created by: KRYSTINA THIEL-SMALLEY – 11/1/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 9-12
DRAMA

T.V. COMMERCIALS

PURPOSE (DRUG ED): To criticize current alcohol commercials.
To demonstrate the "de-glamorization" of alcohol.

PURPOSE (SUBJECT AREA): To compose an original T.V. script.
To perform an original work for the video camera.

ACTIVITY: Composing original T.V. commercials.

MATERIALS: A video camera and any prop that the student groups will determine.

PROCEDURE:

1. Working in groups, (teacher should determine size) students choose a current beer product advertised on television to deglamourize. (example Bud Lite)
2. Students produce a written commercial script which is a parody of a current commercial. (example...Bud Light could be Scud Lite)
3. Students spend time rehearsing the script for a later performance.
4. Students gather or make necessary props.
5. On final performance day, video tape the commercials.
6. Play the commercials back for class to watch.

EVALUATION: Evaluate this project by the effectiveness of the final performance. Did the commercial make sense? Was it well prepared? Were props appropriate and effectively used? Did students utilize their time in class effectively? Was written script turned in?

Created by: KRYSTINA THIEL-SMALLEY -- 11/3/91

LESSON:

GRADE LEVELS 9-12
DRAMA

TRUST WALK

PURPOSE (DRUG ED): To build trust with peer groups.

PURPOSE (SUBJECT AREA): To understand the level of trust needed to work with other actors.

ACTIVITY: Trust Walk

MATERIALS: Fabric for blindfolds.

PROCEDURE:

1. Have students work in pairs.
2. One student blindfolds the other and leads them on a walk around the school.
3. When the walk is completed, switch roles.

EVALUATION: Discuss the experience with students. Ask about their feelings as they were walking without sight. Ask about the leader's role or attitude of responsibility. Formal evaluation should be based on participation and completion of exercise.

SUGGESTIONS: Let students choose their own partners. Give them plenty of time to complete the walk.

Created by: KRYSTINA THIEL-SMALLEY -- 11/2/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 9-12
DRAMA

TURNERS

PURPOSE (DRUG ED): To demonstrate the allure and trappings of drugs.

PURPOSE (SUBJECT AREA): To perform a meaningful story without the use of words.

ACTIVITY: A non-verbal performance based on the trappings of drugs.

MATERIALS: The song "Turn Around"-- signs that say "marijuana", "cocaine", "alcohol", "pills", "steroids", etc. The signs should be hung around individual students' necks.

PROCEDURE: Have students put together a performance based on the following story.

Using the music as background, the group of students with the drug signs stand in a line horizontal to the audience. Their backs should be facing the audience. One student comes in and turns one "drug" at a time around and interacts with it. By the time this student is at the end of the line, the "drugs" should be surrounding her, forming a tight circle around her. The boyfriend then comes in and both the girl and the boy try to get to each other but the drugs won't let the girl out of the circle. Eventually the girl breaks free of the circle and is able to reach her boyfriend. One by one she turns the drugs back around as they were and leaves with her boyfriend.

EVALUATION: Evaluate the student's use of time in preparing this performance. Evaluate the effectiveness of the performance.

SUGGESTIONS: This can be a very powerful performance. Line up some performances for other classes.

Created by: KRYSTINA THIEL-SMALLEY -- 10/31/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 9-12
DRAMA

WRITING MONOLOGUES

PURPOSE (DRUG ED): To analyze the rationales used by substance abusers.

PURPOSE (SUBJECT AREA): To construct a monologue using the dramatic structure form.

ACTIVITY: Students will write and perform their own monologues.

MATERIALS: Examples of monologue. Can be found in drama textbooks, classic plays, or purchased books of monologues.

PROCEDURE:

1. Students analyze the structure of an effective monologue.
2. Each student writes a 4 minute monologue based on the structure discovered in step one, in which the character is telling a story about their experience with drug use.
3. Students read their rough draft to the class for input on editing.
4. Students rewrite monologues.
5. Students memorize monologues.
6. Students then perform their monologues for the class.

EVALUATION: Grade assigned to written monologue as well as the final performance. Grade should be based on structure of the monologue, believability of characters, and use of class time.

Created by: KRYSTINA THIEL-SMALLEY -- 11/9/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 9-12
DRAMA

FREEDOM TO SPEAK?

Duration: approx. 3
class periods

PURPOSE (DRUG ED: Students will be able to identify some of the complexities involved with media images of drug abuse.

PURPOSE (SUBJECT AREA): Students will be able to apply their knowledge of the First Amendment to the Constitution in a problem-solving drama simulation.

MATERIALS: Multiple copies of "character information cards" below; character name tags for every participant

ACTIVITY: The First Amendment to the U.S. Constitution reads that

Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble and to petition the Government for a redress of grievances.

"Your Rights in School and the Community," a booklet for public school students published by the Nassau Chapter of the New York Civil Liberties Union (NYCLU), states:

> The first ten amendments of the United States Constitution are known as the Bill of Rights, which protects your rights by limiting the power of all government officials, including public school teachers, administrators, and school board members.

It is important to know that the United States Supreme Court sets minimum standards of liberty, but that any government body may pass laws that grant even more liberty. That is, the Supreme Court provides a "floor below which rights may not drop, not a ceiling above which they may not rise." For example, in 1988 a Supreme Court ruling narrowed student press rights by allowing public school officials to prohibit material they feel is controversial or simply contrary to sound educational policy." (1)

The NYCLU goes on to advise students that they have the rights in school to exercise their constitutional freedoms "as long as you do not interfere with the rights of others or the orderly process of the school" (2). Schools are not violating the First Amendment if they adopt "reasonable rules that regulate the 'time, place, and manner" of exercising rights (2).

The First Amendment protects students' rights to speak, write, and express themselves freely; it guarantees that students can meet freely in clubs, rallies, demonstrations; however, according to a 1986 U.S. Supreme Court Decision (Bethel School District No. 40 v. Frazer), schools may limit speech "by prohibiting the use of vulgar or obscene language in school activities" (NYCLU 2). In school-financed publications, student editors determine content, and must only refrain from "libel and obscenity, and from 'material and substantial' interference with order and discipline in the school" (3). Editors are responsible for accuracy, but they may publish articles which may be offensive to official or critical of school policy. A 1988 Supreme Court decision (Hazelwood School District v. Kuhlmeier) allows states to set up restrictions of free expression by students if it is considered contrary to "sound educational policy"; the ruling does not require such restrictions. (3)

PROCEDURE:

1. As part of a larger unit on the Constitution, the class studies the above information. Students may be asked to discuss specific implications in their school, or may be asked to interpret the law in writing by applying it to a question of existing student conduct codes.

2. Teacher divides the class into groups of six members each and reads the following:

The Problem An honors student has recently won a prestigious prize in photojournalism for a black-&-white photo which was submitted to a prestigious competition sponsored by a large newspaper in a neighboring state. The photo has already been printed by said newspaper and will likely be published in your state newspapers in the coming weeks, if not sooner. Your high school newspaper plans to print the photo in its next issue, which goes to print tomorrow afternoon. The photo is not pretty. It is of a girl, about thirteen years of age, dressed in jeans, sneakers, and t-shirt. She is lying on the ground under a swing set at a school playground. She appears to be passed-out drunk because there is a wine-cooler bottle amongst the litter near her. Her stomach is revealed; there's a tatoo. Her arms appear to be bruised. A little boy, about six, straddles the next swing like a horse and smiles slightly at the camera. The student photographer, in an interview, said that it is a realistic look at one part of a very real community, and that "social change" is the hoped-for impact of such images.

The People

Ms./Mr. Ueda - the principal
Chris Parodi - the student who took the picture
Nat Peterson - the student editor of the paper
Ms./Mr. Angelo - the art teacher
Ms./Mr. Jackson - a parent
Kim Bertrand - another representative from the student body

3. The teacher instructs the groups to chose characters. As if they are these six people, they are to discuss the problem and agree upon one solution within the time allotted (the remaining and possibly one additional class period). They are to make name tags and refer to one another by character names. They are to study their own "character information card" (below) and guide their participation according to this information.

4. In each group, the principal is to guide the discussion in a democratic fashion. Everyone must be given opportunities to speak.

5. After the time is up, groups compare solutions to the problem and discuss strengths and weaknesses of each.

6. Students brainstorm about other media which portray specific images of drug use/abuse (television, commercials, movies, music, MTV, print ads, etc.)

EVALUATION:

Were the students able to come up with "logical" contributions to the discussion? Did each group propose a workable solution? Were students able to apply concepts and vocabulary from their recent study of the First Amendment?

SUGGESTIONS:

Remind students that this is not theatre (performance), but drama (improvisation; nonperformance) and that they are to concentrate on making logical contributions to the simulation, according to the character information given.

During the simulation, the teacher should rotate between groups to assist students in staying on task, to offer ideas, and to ascertain levels of understanding.

Character Information Cards

Ms./Mr. Ueda - You are personally appalled by the recent statistics on drinking by young Americans. You are personally horrified by the graphic photo in question. While you may have strong personal feelings on such matters, you are a staunch defender of students' constitutional rights. You are also a principal who believes in parental and faculty input into creating the unique guidelines which must in fact dictate orderly functioning of a school.

Chris Parodi - When you took the picture, you knew it was going to "move" people with its message; that is what good journalism and good photos are meant to do. It really doesn't matter too much to you if the picture is published in the school paper, but freedom of the press and freedom of an artist to express her/himself is important. Photos, art, writing can influence people and change lives. You will not reveal if the picture is staged or not; you have your reasons.

Nat Peterson - You took this position as school newspaper editor not just because you like to write and take photographs yourself, but because there are certain things you believe in. So, apparently, do parents, teachers, and administrators; this is AIDS and ALCOHOL AWARENESS week and they have promoted, sponsored, or at the very least allowed class activities, after-school activities, distribution of pamphlets, etc. The newspaper is running several stories and ads. The girl in the photo looks a lot like a well-known girl in the sophomore class.

Ms./Mr. Angelo - In principle you support complete freedom of expression at all levels of society, but can recall what happened two years ago at school when a visiting historian showed photographic slides which included several of scantily dressed men and women. It was difficult to re-establish "orderly process" among the first three junior classes that viewed the program and was even difficult to begin the program with seriousness by the afternoon. You encouraged Chris to submit the photo to the contest, however. Chris's work is stunning. Few such works by young people have generated such powerful responses from you and now others.

Ms./Mr. Jackson - You are torn between the constitutional rights of the students and their exposure to violence and horror by the media. You wonder if there's not an alternative to printing this in the school paper. You're a strong supporter of drug, alcohol, and sex education by the schools, but wonder about the "glamorization" of these things. One of your older daughter's friends recently told you that she first became curious about alcohol when watching the "soaps" on television as a teenager.

Kim Bertrand - You think you recognize the girl in the picture. Whether the photo was staged or not--it's a pretty accurate picture of some parts of town. Your best friend is just completing a 30-day alcohol treatment program. You have great respect for Ms./Mr. Jackson and Ms./Mr. Angelo. You don't know the other two students or the principal much at all.

Created by: JUDY ULRICH -- 12/91

HEALTH ENHANCEMENT

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON HDI1.4

GRADE LEVELS: K-1
HEALTH

SAFE AND UNSAFE SUBSTANCES TO PUT IN MY MOUTH

PURPOSE: To teach children to identify and evaluate healthy and unhealthy substances to put into their mouths.

-Will improve decision making skills.
-Develop good health practices.
-Demonstrate personal health practices.

MATERIALS:

1. Old newspapers and magazines
2. Shoe boxes
3. Scissors
4. Materials to decorate

FIRST ACTIVITY: Discuss the need to eat proper foods to maintain strength and health, including the four (4) food groups.

PROCEDURES:

1. Cut out the pictures of foods from newspapers and magazines that are good for us.
2. Draw a picture of their favorite food.
3. Ask students what food do you not like at all? You may have to help the student find something else to eat that has the same food value.
4. Discuss overeating as harmful to the body.

SECOND ACTIVITY:

1. Cut out an opening in the top of each shoe box. Decorate to reinforce the idea of the exercise. (Examples: one box decorated with a mouth, other box with skull and crossbones.)
2. Have the children cut out pictures of items from old magazines and newspapers that are safe to put in their mouths, and things that are unsafe to put into their mouths. Place them in the proper boxes.
3. When the boxes are filled, the contents may be emptied and reviewed to support good health.

Created by: ELENA MARINKO -- 2/4/90

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDIK.16

GRADE LEVELS: K-1 (4-6 years)
HEALTH

HELP ME

PURPOSE: To have the children identify and explore ways of seeking help from others when dealing with other problems.
To improve decision-making ability.
To add coping skills.
To improve communication.

ACTIVITY:
(NOTE: STRESS THE FACT THAT EVERYONE AT SOME TIME NEEDS HELP!)

1. Discuss situations at home in which the children might need help. Role-play the situation. Explore the feelings involved and some solutions to the problem.

   EXAMPLES. WHAT WOULD YOU DO IF.......

   a. A cup is out of reach on a high shelf.
   b. Your ball rolls into the busy street.
   c. Your little brother falls and hurts himself.
   d. You're not sure what is in a certain container that someone else tells you contains soda.

2. Discuss situations at school in which the children might need help. Role-play, how would you feel in these situations?

   Ask: What would you do to get help if:
   a. You become ill and there is no one to help.
   b. You forgot to bring your lunch to school.
   c. An older child is bullying you.

3. Create paper-cup puppets suggested in the "who will help?"
   a. nurse-patient
   b. dentist-child
   c. mother-hurt child
   d. school friend-lonely child

   Do you ask for help, what happens?

4. Have the children cut out pictures in magazines that show people helping others and discuss the ones selected.

REMINDER--I CAN ASK FOR HELP!

Examples, An ambulance at a scene of an accident.
A police officer helping someone.

Created by: CAMMI WIESE--4/26/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON HDI3.2

GRADE LEVELS: 2 - 3
HEALTH

MEDICINES

PURPOSE: To discuss with the children the use and abuse of medicine (drugs). The student will improve decision making skills, clarify personal values and attitudes, and develop good health practices.

Important notes to follow throughout the lessons:

1. Repeat frequently to the students the fact that only people need drugs.
2. Use the word drug interchangeably with the word medicine, to reinforce the fact that all medicines contain drugs.
3. Make students aware that prescribed medicines may also be abused.

-Reinforce to the children that they can say no.
-Stress that medicine is not candy, even though they may look similar. Can be demonstrated with a piece of candy and a vitamin pill that look alike.

ACTIVITY: Discussion activity dealing with drug facts, various drug administration, child personal experience with medicine when sick, who children can accept medicine from, what children's medicines look like and where the medicines are kept in homes.

PROCEDURE:

1. Discuss the facts that drugs (medicines) when used properly help us to:
    - A. Feel better when we are sick (aspirin, cough medicine)
    - B. Keep well (vitamins)
    - C. Prevent sickness (vaccines for flu and polio)
2. Talk about the different ways one can receive medicines (swallowing pills, liquid, injections, rubbing ointments into the skin).
3. Invite the children to talk about a time when they were ill, did they need medicine? Did it make them feel better? Who gave the medicines to them?
4. Discuss from whom the child may accept medicines:
    - A. Talk about the Doctor's role, and his or her special skills.
    - B. Talk about the Nurse's role, and his or her special skills.
    - C. Talk about the parents or other designated adult authority.
    - D. May children take medicine by themselves?

Created by: ELENA MARINKO -- 2/4/90

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI4.4

GRADE LEVELS: 4-5 (9-10 YEARS)
HEALTH

FORMING HABITS

PURPOSE: To have the children discuss what a habit is and how it develops.
To improve decision-making skills.
To clarify personal values and attitudes.

ACTIVITY:

1. Have the children:

    (a) Define the word "habit."
    (b) Define the word "automatic."
    (It is an activity done without thinking; an automatic spontaneous response, developed by repetition.)

2. Have the children list some good health habits: brushing one's teeth, washing one's hands before eating meals, seeing the dentist once or twice a year. Have the children also list some unhealthy habits: biting one's nails, overeating, staying up too late.

3. ASK: Are there particular things you do "automatically" when you are afraid or tired, to make yourself comfortable.

4. Talk about how activities can develop into habits.

    EXAMPLES:

    a. Frequent reminders from concerned people.
    b. It feels good to do it.
    c. It's hard to stop doing it.
    d. We don't think of the consequences.

Created by: CAMMI WIESE--4/24/91

VISIONS --- DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDI5.4

GRADE LEVELS: 5-8
HEALTH

COPING WITH STRESS

OBJECTIVE: To make children become aware of healthy ways to cope with stressful situations.

PURPOSE: To provide children with a variety of ways to decrease stress and increase relaxation and comfort.

MATERIALS: Stress Inventory Worksheet (3rd & 4th pages of this lesson plan)

ACTIVITIES: Stress Inventory Worksheet

Relaxation Exercises

PROCEDURE: A. Make a class set of copies of the work sheet which follows.

Discuss the work sheet after the children complete it.

Optional: Place students in groups and have them share their answers to the questions in a "round robin" fashion.

B. Teach relaxation exercises (starting next page) by practicing each exercise with the class.

RELAXATION EXERCISES

INTRODUCTION : Discuss with the children some of the things they might feel in their bodies when they have bad or upset feelings.

Examples:

- headache
- stomach ache
- perspiration
- shakiness
- muscle cramps

Direct the students through the following exercises, and use the exercises periodically in your classroom.

A. GAME PLAYING

Take the time to play a game for fun! Simple enjoy the company of another person and relax. Snack on some healthy food like fruit, crackers, popcorn, and nuts.

B. NECK ROLL

Sitting in desk after desk all day can be tiresome. To relax the neck and shoulder muscles and increase circulation, tell children to close their eyes; sit up straight in their chairs; roll the head slowly in a complete circle first in one direction and then in the other. Repeat many times.

C. REST BREAK

Simply take a time out! Turn off the lights, have students put their heads on the desk and close their eyes. Direct students to breath regularly and deeply, in and out. Listening to soft music is optional.

Have children pay attention to the silence.

D. MEMORIES

Turn the lights down low and have students place their head on their desks with their eyes closed. Instruct them to think about something that happened to them that made them very happy. Give them the option of sharing the experience with a friend.

E. TALKING

Talk to someone in the family that you trust. If something worries you, be sure to let them know.

F. TAKE A WALK

Set out on your own adventure. Be at peace with the world around you. Take time to look at the world around you. Notice the changes in weather and the signs of the season.

SUGGESTIONS:

Place blank copies of the inventory in the classroom and suggest that the students take a worksheet home for someone in the family to complete.

Created by: DEBRA DORRANCE--10/1/90

STRESS INVENTORY WORKSHEET

Name ______________________________

1. List 5 situations that make you uncomfortable.

    a. ______________________________

    b. ______________________________

    c. ______________________________

    d. ______________________________

    e. ______________________________

2. List five situations that make you feel good about yourself.

    a. ______________________________

    b. ______________________________

    c. ______________________________

    d. ______________________________

    e. ______________________________

3. When you feel down and out, what can pick you up ?

4. When you feel happy and are excited, what can ruin that happiness?

5. Explain what HAPPINESS means to you.

6. Name five people you would consider HAPPY or CONTENT with life.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

7. In what environment can you relax the best? (cool, warm, loud, quiet, busy, still ?????)

8. Where do you go when you need to feel safe and secure?

9. List five activities you engage in that make you feel good inside.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

10. How would you spend an "ideal" day ?

MATHEMATICS

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 3-4
MATHEMATICS

THE NUMERICAL VALUE OF WORDS

PURPOSE (DRUG ED):

1. To identify the names of drugs and to spell them.
2. To identify which common drugs are legal or illegal, helpful or dangerous.

PURPOSE (SUBJECT AREA):

1. The student will add single-, two-, and three-digit numbers.
2. The student will use different symbols (letters of the alphabet) to represent certain numerical values.

MATERIALS:

Each student will be presented with a list of drugs. The instructor can make his/her own personal list, emphasizing drugs which have already been talked about in class. Also, various resources such as magazines or newspapers should be available so that students can make up their own list of drugs.

ACTIVITY:

1. Separate the students into small groups. Give each student a word list of 10 - 15 common drugs. Discuss the list. Which ones have the students heard of before? Which ones are legal? illegal? Which ones are dangerous? helpful? Ideas for words include alcohol, ibuprofen, marijuana, cocaine, heroin, crack tobacco, caffeine, etc.
2. Have the students play a game. A point-value will be assigned to each letter of the alphabet: A = 1, B = 2, C = 3, and so on.
3. Give a word such as C-A-T. Have the students assign the proper numerical value to each letter. Then, have them add the numbers up. A word like cat would be worth 3 + 1 + 20 = 24 points. Give the word D-O-G. This word would be worth 4 + 15 + 7 = 26 points. Thus, DOG is worth more than CAT. Try more examples as needed until students understand the concept that numerical values can be assigned to the letters of the alphabet in our game so that they can figure out the "value" of words.
4. Using the list of drugs, have the students figure out which word is worth the most and which word is worth the least. Emphasize that the individuals in a group should work together to help each other. Ideas include sharing answers (a novel concept) or splitting up the word list in order to be more efficient. Have groups talk to each other.

EVALUATION:

Have the students make up their own list of common drugs. They can do this by brainstorming or by looking at various resources such as magazines or newspapers. Have them find a word worth more than any word on your list and a word worth less than any on your list (be sure it is possible).

SUGGESTIONS:

You can also practice subtraction by asking how much more some words are worth than others. Or by having them subtract the value of their word from a certain value such as 200. What would this do to the words worth the most? (make them worth the least) worth the least?

Created by: DAN MCGRATH – 12/9/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 4-5
MATHEMATICS

PERCENT AND WRITING A PERCENT AS A FRACTION

PURPOSE (DRUG ED):

1. The student will learn facts about alcoholism, many of which will dispel current myths.

PURPOSE (SUBJECT AREA):

1. The student will identify what a percentage means.
2. The student will convert percentages into reduced fractions.

ACTIVITY:

Percent will be introduced and students will shade regions on the 10x10 grids representing various percentages. Percentages will then be changed to fractions and reduced. Then, actual examples of percentages (relating to alcoholism) will be presented, and these percentages converted to fractions.

MATERIALS:

Each student should receive two pages containing several 10x10 grids, i.e., 100 squares.

PROCEDURE:

1. Write the word per cent on the board. Ask the class what word this looks like. It looks like cent. Explain that "cent" means one hundred. A penny is called a cent because there are a hundred pennies in a dollar,. The word "per" is Latin and means "out of." So percent mean "out of one hundred." Explain the percent sign notation. But what does 20% mean? It means 20 out of one hundred. What does 53% mean? It means 53 out of 100.
2. Pass out the paper containing the 10x10 grids. Have them represent 20% on a grid by shading 20 of the squares. Have them represent other percentages.
3. Tell them to shade 14 squares of a grid. What percent of the square is shaded? What percent is not shaded? Do several other examples.
4. Have them write percentages as fractions. 13% will become 13 out of 100 or 13/100. 50% will become 50 out of one hundred or 50/100. They should recognize that 50/100 can be reduced using methods already learned. Thus, 50% = 50/100 = 1/2. If we were to shade 50 squares out of one hundred, we could see that half of the grid would be shaded.
5. Ask the students where they have heard of percentages before. Many will mention toy sales or grocery sales. Mention other uses including tax rates, inflation, and population growth.

6. Talk about drunk driving and how many deaths on the highway are alcohol-related. Then state that last year, 65% of the drivers in Montana who died had been drinking. Emphasize that this means 65 out of every hundred. It does not mean a total of 100 drivers died. Have the shade in 65 squares. Is it more than half? Have them reduce this fraction.

7. Discuss alcoholism and the fact that many people think that most alcoholics are "skid row bums." The actual percentage that are skid row bums is about 5%. Have them shade this on a grid. Is it a high percentage? How many alcoholics are not skid row bums? People also think that all "skid row bums" are alcoholic. However, only 5% of these are alcoholic.

8. Many people think they can drink in moderation. However, 25% of the people in America who consume alcohol are alcoholics. Ask the class what this means. What fraction of the people who drink alcohol are alcoholics?

9. Finally, alcoholism tends to run in families. If one parent was an alcoholic, the chances of a person becoming one is 33%. What fraction of people is this? If both parents are alcoholics, the chances of a person becoming one are 50%. What fraction is this?

EVALUATION: Have the students try to find 10 examples of percentages in real life, at least two of which are concerned with alcoholism. Have the students shade each of these percentages on the 10x10 grid paper. Then, have the students convert these to reduced fractions.

SUGGESTIONS: Try to find more facts about alcoholism. Many of the facts concerning drugs and drug abuse are expressed in percentages. Be sure students get a feel for how big a quantity an expression such as 80% is. Ask students how much 100% is. Shade this region. How much is 0%?

Created by: DAN MCGRATH – 12/16/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 4-9
MATHEMATICS

INTERPRETING CHARTS AND MAKING GRAPHS USING THE BLOOD ALCOHOL CONTENT (BAC) CHART

PURPOSE (DRUG ED):

1. The student will learn to read a blood alcohol content chart.
2. The student will identify the amount of alcohol which can be consumed before a person is considered legally intoxicated.

PURPOSE (SUBJECT AREA):

1. Student will read and interpret charts.
2. Given data from a chart, the student will be able to make a graph.

ACTIVITY:

Students will be given the BAC charts and learn how to read them. Then, they will break into groups and create their own graphs using data from the chart.

MATERIALS:

Blood Alcohol Content (BAC) Charts for each person in the class. Note: Contact the Montana Highway Traffic Safety Division, 303 N. Roberts, Helena, MT 59620, (406) 444-3412 to obtain free copies. Also, an overhead projector will be needed together with a copy of a BAC on a transparency, some construction paper, and tape or glue.

PROCEDURE:

1. Let each individual have his or her own chart. Depending on the grade level, much care must be taken in explaining how to read these awkward graphs. Students should already have previous experience reading simpler charts and graph.
2. Start by going over the chart on the overhead, pointing out the different parts. Ask what the column on the left represents. This is the weight of the person who is drinking. What is the lightest weight on the chart? What is the heaviest weight? What could a person do if he weighed 150 lbs.? Explain that a person's weight influences the affect alcohol has on him. If a person weighs more, alcohol has less effect.
3. Across top of the chart, there are two rows, the number of drinks row and the after hours row. Explain that a drink means either 1 can of beer, one 5 oz. glass of wine, or 1 1/2 oz. of 80 proof liquor. What is the smallest number of drinks on the chart? What is the largest number of drinks on the chart?

4. Explain that not only does the amount of alcohol you consume affect you, but also how fast you drink it. Drinking 5 drinks in a short period of time affects you much more than drinking 5 drinks over a period of 5 hours. The after hours row gives the amount of time the person took to consume the amount of drinks located above in the same column of the number of drinks row.

5. Finally, talk about the numbers in the middle of the chart. These numbers equal the percentage of alcohol in the blood. Notice they are very small numbers. However, even a small amount of alcohol can affect you. A person with a BAC of .04% or less is considered "affected." A person with a BAC of .05% to .09% is considered impaired. A blood alcohol level of .10% means a person is legally intoxicated and would be charged with drunken driving if he was behind the wheel of a car. A BAC of .30 would mean the person is near death. The dashes in the chart indicate just a trace of alcohol, too small to quantify.

6. Next, have the students locate values on the chart. First, we need to know the weight of the person who is drinking. Consider a 160 pound person (either man or woman). Have the students locate the 160 pound row and read across in this row only. Next, we need to know how many drinks the person has had. Suppose he has 3 drinks. Have the students find the 3 drinks column and read down in this column only. Finally, we need to know the time the alcohol was consumed in. Let's say the alcohol was consumed over a period of three hours. The resulting BAC is .02%. Show on the overhead how you found this number. Then, do many other examples of this type.

7. Try a different type of example. Suppose a 200 pound person was going to drink alcohol for 2 hours. How many drinks could he have before he was considered legally intoxicated? The answer is 7. If a 140 pound person wanted to have 5 drinks yet not become legally intoxicated, how many hours would he have to space the drinks over? The answer is 3. Try many of these "backward" examples.

EVALUATION: Have the students break into groups to make a graph. First, have them cut out 35-40 figures in the shape of a wine glass or beer bottle. Then, consider the data on the chart for one hour only. They are going to graph the amount of drinks a person can have in this one hour before he is considered legally intoxicated. On the y-axis, the quantity will be the number of drinks. On the x-axis will be the weight in pounds of the person drinking. In one hour of drinking, for example, an 80 pound person would reach a BAC of .10% if he had three drinks. Thus, on the x -axis at 80 pounds, the student should glue or tape 3 of the construction paper beer bottles, one on top of another. Have them complete the graph for the other weights. Notice the students have actually made a pictograph. (Note: for this topic, it would have seemed more appropriate to make a bar graph!) Then, have the students explain what information their graph conveys.

SUGGESTIONS:

When showing the students how to use the BAC chart on the overhead, it might help to have colored transparency strips to locate values on the chart. So if you knew it was a 160 pound man, you could lay a red strip across the 160 pound row. If he had two drinks in one hour, you could lay a yellow strip vertically down the proper column. Of course, where these strips intersect is the proper BAC value. Also, as a time saver, when the students cut out the beer bottle figures, mention they could stack 5 or 6 sheets of paper, cut them all at the same time and obtain 5 or 6 beer bottles by cutting out just one.

Created by: DAN MCGRATH – 12/12/91

LESSON:

GRADE LEVELS 5-6
MATHEMATICS

PROBLEM SOLVING WITH FRACTIONS

PURPOSE (DRUG ED):

1. The student will identify the fractional amount of 12 - 17 year olds who have ever tried marijuana, alcohol, cocaine, stimulants, or tranquilizers at least once in their lifetime.

PURPOSE (SUBJECT AREA):

1. Given two fractions, the student will determine which is largest.
2. The student will be able to add and subtract fractions.

ACTIVITY: The students will be given a chart containing fractions. They will use this chart to find out which of certain fractions are largest and to do problems requiring them to add and subtract fractions.

PROCEDURE:

1. Students should have already added and subtracted fractions both with and without common denominators using physical models such as cardboard fraction circles or egg cartons. However, they should be encouraged again to use those models in this exercise since it it the first application of fractions they may have been exposed to.

2. Given: The following chart is from a survey put out by the National Institute on Drug Abuse. It tells the fraction of 12 - 17 year olds who have tried certain drugs at least once in their lifetime.

drug class	1972	1974	1976	1977	1979	1982
Marijuana	1/7	----	----	----	3/10	1/4
Alcohol	----	1/2	----	----	7/10	----
Cocaine	3/100	----	----	1/25	----	6/100
Stimulants	1/25	----	----	1/20	----	----
Tranquilizers	3/100	----	----	4/100	----	1/20

3. First, have the class interpret this chart. What are the numbers on the top? What are the numbers in the middle? (Note: the dashes in the middle are data that were not "nice" fractions. Explain to them what information the chart gives and who it is from.

4. Compare different years to see if the fractional amount has gone up or down, e.g. Marijuana had been tried by 1/7 of the people in 1972 and by 1/4 of the people in 1982. Which year had a larger fractional amount? Compare cocaine use from 1977 to 1982. Which year had a larger fractional amount? Try other examples. For tranquilizers, which year had the largest fractional amount?

5. Now ask how much larger is the fraction for cocaine use in 1982 than 1972? What operation is required to solve this problem? How much smaller is the fraction for tranquilizer use in 1972 than in 1977? What operation is required solve this problem? Notice these problems have a common denominator.

6. Ask questions involving fractions which have no common denominator. How much larger is the fraction for alcohol use in 1979 than 1974? What operation is used to solve it? Let the students use a physical model of fractions to add them.

7. What if we wanted to know the total fractional amount for stimulants in 1972 and marijuana in 1979? What operation would you use? Of course, you would add. Another example would be to add up three fractions. Other examples follow from the chart.

EVALUATION: Divide the students into small groups. Have the students fill in the blank spots on the chart with accurate guesses. They will have to know their common denominators as well as which fraction is largest. Then, have each group come up with five questions similar to the ones already done. Then, let each group exchange problems and solve them. Time permitting, do one more switch and let people try yet another group's problems.

SUGGESTIONS: Be sure to inform the class about what the chart means and what trends are occuring. Marijuana and alcohol use appeared to have peaked in 1979 and decreased slightly since. Use of cocaine, stimulants, and tranquilizers has steadily increased since 1972.

Created by: DAN MCGRATH – 12/19/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 5-6
MATHEMATICS

VOLUME MEASUREMENTS USING ALCOHOLIC BEVERAGES

PURPOSE (DRUG ED):

1. The student will identify equivalent beverages defined as "one drink", which are used in figuring blood alcohol content.
2. The student will rename measurements in our alcoholic beverage system (shots of liquor, glasses of wine, cans of beer).

PURPOSE (SUBJECT AREA):

1. The student renames measurements in a system different than our customary system of pints, quarts, gallons, etc.
2. The student will compute equivalent amounts, actually reenforcing the concept of regrouping and renaming.

ACTIVITY:

While in small groups, the students will cut out figures representing ounces of certain alcoholic beverages. They will then learn the relationships between these different units of measure. Using the concrete models, they will change from one unit to another. Finally, the students will discover the equivalent amounts for one drink.

MATERIALS:

Construction paper, scissors

PROCEDURE:

1. Discuss with the students how alcohol can affect the body. Inform them that the amount of alcohol in the body is measured by a number called the blood alcohol content. To determine this number, the amount of alcohol consumed needs to be known. However, not every drink contains the same amount of alcohol. A good analogy to mention is that of money. A dime is worth more than a nickel even though a nickel is bigger. A small quantity of hard liquor contains more alcohol than a whole can of beer.
2. Inform the students that three types of alcoholic beverages will be compared: hard liquor (60 proof), wine, and beer. Put the students in small groups and have them cut out of the construction paper about 70 or so rectangles. Have them label 40 rectangles with a B. Each of these will represent one oz. of beer. Label 20 of them with a W representing one oz. of wine, and 10 of them with an L, for one oz. of liquor.

3. Draw a chart on the chalkboard such as this:

   1 oz. wine = 2 oz. beer

   1 oz. liquor = 3 oz. wine

   1 drink = 2 oz. liquor

   Note: Officially, one drink is defined as 1 and 1/2 oz. of 80 proof liquor, 5 oz. of wine, or 1 can (12 ounces) of beer. Here, one drink is 1 oz. of 60 proof liquor, 6 oz. of wine, and 1 can (12 oz.) of beer. The purpose for these new definitions is solely to make the numbers "nicer" and avoid fractions.

   Explain to the students what it means for 1 oz. of wine to be the same as 2 oz. of beer. They have exactly the same amount of alcohol, thus having the same effect on your body.

4. Have the students use their paper figures to model this chart. If 1 oz. of wine = 2 oz. of beer, have them use their figures to find how many oz. of beer is the same as 2 oz. of wine. Since one paper oz. of wine is matched with 2 paper oz. of beer, then two paper oz. of wine should be matched with 4 paper oz. of beer.

5. Do simple conversions as in the above example. How many oz. of liquor in one drink? in two drinks, etc. Let the students perform them with the concrete models. Then, have them perform the modelling and write down the results mathematically. Finally, see if they can start doing the conversions without the concrete models. Step 5 may take some time to accomplish.

6. Once they have the simple conversions down, have them do more complicated conversions. How many oz. of beer are in 1 oz. of liquor? They will have 1 paper oz. of liquor matched with 3 paper oz. of wine. But they know that each oz. of wine is matched with 2 oz. of beer. Thus, they can use their model to see that 1 oz. of liquor is the same as 6 oz. of beer.

7. Ask them to find how many oz. of beer are in one drink. The answer of course, is twelve. But twelve ounces is just the amount in one can of beer (and also in soda pop). Consequently, one can of beer is just one drink. Do similar examples to show that 6 oz. of wine is one drink. But six oz. of wine is just one glass of wine, so a glass of wine is just one drink. Finally, a shot glass of liquor is also just one drink. Then, do examples that ask the students to find how many drinks various combinations of beverages represent. How many drinks is 24 oz. of beer? How many cans of beer is this? How many drinks is 36 oz. of beer, 12 oz. of wine, and 2 oz. of liquor? How many cans of beer, glasses of wine, and shot glasses of liquor does this represent? Do other examples.

EVALUATION:

Have the students try to represent one drink in as many ways as they can think of. Most will say 12 oz. of beer, 6 oz. of wine, etc. But tell them that 10 oz. of beer and 1 oz. of wine is also equivalent to a drink. They should then be able to find many, many different ways. Establish a time limit.

Then, have each group contribute a certain amount of paper alcohol and put the total result in view for everyone to see. Ask them how many drinks all of this alcohol would represent. Note: it most likely will not come out evenly. Ask how many shot glasses of liquor this would represent. How many glasses of wine. How many cans of beer.

SUGGESTIONS:

To save time cutting out all of the paper alcohol, have each student in a group do a certain amount. Also, have them cut once through a stack of several sheets of paper so that one cut will create five or six figures. The time spent making this concrete model will be well spent. It is certainly possible that the instructor could bring in actual examples of a shot glass, can of beer, and glass of wine, but certainly this could cause major controversy and is not recommended.

Created by: DAN MCGRATH – 12/14/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 5-8
MATHEMATICS

USING VENN DIAGRAMS

PURPOSE (DRUG ED):

1. Students will identify which drugs are legal, which are illegal, and which are considered both.
2. Students will identify which drugs are used for medical purposes, which are used for recreational purposes and which are used for both.

PURPOSE (SUBJECT AREA):

1. Given a universal set and various subsets, the student will draw a Venn diagram modeling the information.
2. Given a Venn diagram, the student will be able to describe the sets each region of the diagram represents.

ACTIVITY: Present a Venn diagram to the class and explain how it provides a concrete model using sets. Then give the class various sets and have them create the proper Venn Diagram. Finally, have the class develop their own sets and model them with a Venn diagram.

MATERIALS: overhead projector

PROCEDURE:

1. After students learn basic facts about sets, explain to them that there is a concrete way to model sets. Venn diagrams are named after the Englishman John Venn, who used the diagrams to illustrate ideas in logic. Then, on an overhead, show them a simple Venn diagram. One idea: Let the universal set U be the set of people in the classroom and a subset A be the set of boys in the classroom. Explain that a rectangle is used to indicate the universal set. Subsets are (usually) indicated with circles. Ask what the area outside the circle but inside the rectangle represents. Write the actual cardinal number in each set in the appropriate region. Finally, on the overhead use the roster method to show the class the sets that you were representing.
2. Give the class the following universal set: U = {alcohol, marijuana, cocaine, amphetamines, PCP (angel dust), anabolic steroids, heroin, antihistimines (found in cold and allergy medicines), tranquilizers, barbituates}. At this point, each drug should be discussed so that students are somewhat familiar with each one. Now let subset A = {drugs which are illegal to possess}. Have students set up the proper Venn diagrams. Discuss with them what elements of U belong to A. Have them put actual cardinal numbers of sets in the appropriate region. What does the region outside of A but in U represent?

3. Now give the set B = {drugs which are legal to possess} and show how to indicate this on the Venn diagram. How many elements are in A? in B? in the region outside of A and B?

4. With the same universal set, have the class draw the Venn diagram with subset A = {drugs which are illegal to possess} and subset B = {drugs which are injected}. Elements such as anabolic steroids and heroin belong to both sets, i.e., in the intersection of the two sets. Show how to remedy this situation with intersecting circles on the Venn diagram. Carefully explain what each region now represents. Have the students put the correct cardinal number in each region. Some will be bothered that in the region of set A, we will have a different number than in the previous example. Show them that they do not.

5. Pick other subsets of the universal set. Have the students create a Venn diagram for each.

EVALUATION:

Have the students make up their own universal set of 20 types of drugs. [Discussion: drugs are substances which have an effect on the body functions. Thus, an anti-perspirant spray is a drug because it stops the body from perspiring. On the other hand, deodorant is not a drug because it does not affect any body functions. Emphasize that not all drugs are bad. Indeed, most are invaluable] Let subset A be the set of all drugs which are used for medical purposes. Let B be the set of all drugs which are used solely for recreational purposes. Have the students draw a Venn diagram of these sets and put the number of elements in each appropriate region.

SUGGESTIONS:

The next logical step would be Venn diagrams containing three subsets. However, this step should be taken only after the student gains mastery of the simpler cases.

Created by: DAN MCGRATH – 12/9/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVEL 6-9
MATHEMATICS

A CONCRETE APPROACH TO ASTONOMICAL NUMBERS

PURPOSE (DRUG ED): The student will identify facts indicating how pervasive a problem drug abuse is.

PURPOSE (SUBJECT AREA): Students will use concrete methods to show how big astronomical numbers actually are.

ACTIVITY: To give students an idea of how large astronomical numbers actually are, a roll of toilet paper will be unrolled and measured. Also, calculators will be used to express huge numbers. Finally, tally marks will be used to show how much one million actually is.

MATERIALS: 200-sheet roll of toilet paper, tape measure, calculator

PROCEDURE:

1. Astronomical numbers are everywhere:
    - 93,000,000 - the distance (in miles) from the earth to the sun
    - 5,321,000,000 - the predicted world population in 1995

Students have a difficult time fathoming how large these numbers are because they can never see them.

Consider the following facts:

- Over 60,000,000 Americans smoke cigarettes
- In 1988, over $700,500,000 in narcotics were seized at the U.S. border
- In 1989, there were 1,076,000 arrests for drug abuse violations nationwide
- There are well over 10,000,000 alcoholics in the United States

Discuss these facts. Do these numbers have any real meaning?
If you ask a student how many Americans smoke cigarettes, they will answer, "A lot!" They have no concept as to how much 60, 000, 000 is because they have never seen it. They need to see concrete models of astronomical numbers. (Note: huge numbers are called astronomical because many of the numbers used in the field of astronomy are so large.) All the above facts are measured in millions. How large is a million?

2. Challenge the class to figure out how far a 200-sheet roll of toilet paper would stretch when unrolled. Actually unroll the paper and measure the distance with a tape measure. How far would a million sheets go? What would that be in miles? How far would this be from the city you live in? How much area would a million sheets cover? How would this area compare to the size of the classroom?

3. Have your students key 100 on their calculators. They have an intuitive grasp of what a hundred means. Now have them key "100 + 100 =" on their calculators. Every time they push the equal key, the total will increase by 100. Have them push the equals key for exactly one minute. Using whatever number was displayed at the end of this time, have the students figure out how long they would have to keep pressing to reach 1 million. Answers should range from 30 minutes to 1 hour.

EVALUATION:

Consider the given fact that 1,076,000 people were arrested for drug abuse in 1989. Have the class do a project to actually show how much a million is. Let a tally mark represent each person arrested and determine how many tally marks each student should make on sheets of 8 1/2 by 11 paper. Divide one million by the number of people in the class. If there are 25 in the class, each person would have to make 40,000 tally marks. Have the students put 1000 tally marks on each page. (Conserve: use waste paper.) The students can work on this project during any dead time. When all sheets are finished, post them on the walls in the classroom or in the hallway so that everyone can actually see one million.

SUGGESTIONS:

It might help to use a paper towel roll as opposed to a toilet paper roll since the toilet paper is so flimsy. With the calculators, figure out how long it would take to reach a billion by button pushing. How long would it take to count to a million if you said one number every second? to a billion?

Created by: DAN MCGRATH -- 12/9/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVEL 6-12
MATHEMATICS
Duration: 1 class period

THE GAMBLE GAME

PURPOSE (DRUG ED): Students will recognize the extent to which drug abuse, in its many forms, affects our population.

PURPOSE (SUBJECT AREA): Students will practice and apply estimation and percentages. They learn what fraction of their class is likely to be affected by various alcohol and tobacco problems.

MATERIALS: colored paper and scissors or index cards and colored markers (for the teacher to construct a set of simple game cards as described below)

VOCABULARY: Estimate/estimation; percent/percentage

ACTIVITY: Using an average-sized class of twenty-five, students estimate how many of them would be affected by such things as smoking or alcohol-related deaths if they represented the population of 250 million people of the United States. They will also examine the risk of various problems arising within certain subgroups of the whole population.

PROCEDURE:

1. Prior to class, make colored playing cards. For a class of twenty-five, you'll need
   - 8 BLUE CARDS (30% of 25) to represent those addicted to tobacco.
   - 1 YELLOW CARD (4% of 25) to represent those addicted to alcohol.
   - 5 BLACK CARDS (22% of 25) to represent those who will die an early death due to tobacco use by themselves or others.
   - 0 GRAY CARDS (0% of 25) to represent those non-smokers who will die of lung cancer.
   - 1 RED CARD (4.5% of 25) to represent those who will die an early death due to alcohol use by themselves or others.
   - 10 GREEN CARDS (40% of 25) to represent those who will be involved in an alcohol-related accident in their lifetime.
   - 12 ORANGE CARDS (50% of 25) to represent those who die in auto accidents who would be alive without alcohol.
   - 12 PURPLE CARDS (50% of 25) to represent the fraction of babies born to alcoholic mothers who have fetal alcohol syndrome.

2. On a piece of paper, ask students to guess how many people there are in the United States today. Discuss their answers, and then have them write the correct number (250 million) across the top of the page.

3. Next ask the students to imagine that their class represents the entire population of the United States. Given this, how many people in this room will:
    a. be addicted to tobacco?
    b. be alcoholic?
    c. die an early death due to tobacco use by themselves or the people around them?
    d. die an early death due to alcohol use by themselves or the people they run into (IN THEIR CARS!)?
    e. be involved in an alcohol related accident in their lifetime?

    Assuming that the class now represents the nonsmokers in this country, have the class estimate how many will:
    f. die of lung cancer?

    Now have the class represent those who die in traffic accidents every year, how many of these would be:
    g. saved if all drunk driving were eliminated?

    Now have the class represent the babies born to alcoholic mothers, how many will:
    h. be born with fetal alcohol syndrome?

    Write down the range of class estimates on the board.

4. Stack cards with like-colored cards together. Without shuffling, distribute the entire deck of cards. Students shouldn't have more than one of a color, but it is not necessary that everyone has an equal number of cards. Ask the students to stand up if they are holding one of the appropriate cards:

    Tell everyone with a BLUE CARD to stand up. These represent those Americans addicted to tobacco.

    Tell everyone with a YELLOW CARD to stand up. These represent those in this country addicted to alcohol.

    Tell everyone with a BLACK CARD to stand up. These represent those in this country who will die and early death due to tobacco use by themselves or others.

    Tell everyone with a GRAY CARD to stand up. These represent those non-smokers who will die of lung cancer (extremely rare in non-smokers).

    Tell everyone with a RED CARD to stand up. These represent those who will die an early death due to alcohol use by themselves or others.

Tell everyone with a GREEN CARD to stand up. These represent those who will be involved in an alcohol related accident in their lifetime IF current probabilities persist into the future.

Tell everyone with an ORANGE CARD to stand up. These represent those individuals who die in motor vehicle accidents who would be alive without the involvement of alcohol.

Tell everyone with a PURPLE CARD to stand up. These represent the fraction of babies born to alcoholic mothers who will have permanently debilitating fetal alcohol syndrome.

Have the class discuss their estimates and why they think some of their estimates were closer than others.

SUGGESTIONS:

Obviously, this game can easily be modified for larger groups -- and the impact is potentially much more powerful.

Have students do some research to find other drug statistics -- such as facts on steroid use, alcohol treatment recovery rates, smokeless tobacco statistics, drugs and money facts. Ask them to apply math and percentage concepts to construct additional game cards.

Created by: JUDY ULRICH -- 12/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 7-8
MATHEMATICS

PERCENT INCREASE AND DECREASE

PURPOSE (DRUG ED):

1. The student will compare the amount of narcotics seized by the border patrol in 1980, 1985, 1988, and 1989.
2. The student will compare data from 1985 and 1987 and discover the total number of smokers has dropped for each age group.

PURPOSE (SUBJECT AREA):

1. Given two quantities, the student will be able to find percent increase or percent decrease.
2. Given the present amount and the percent increase or decrease, the student will predict future amounts.

ACTIVITY:

A formula for percent increase or decrease will be developed. Then students will be given data on the border patrol narcotics seizure of recent years and asked to find the percent increase or decrease. Then, given an amount and the expected percent increase, the student will predict future amounts. Finally, the students will try to find percent decreases of smokers and make predictions for the future.

PROCEDURE:

1. Ask the class if they have ever seen a sale where everything was 30% off. This is a percent decrease. Have they heard inflation increased by 6%? This is a percent increase. How do we obtain these numbers?
2. Suppose there are four horses in a field. Then another joins them so that there are five horses in the field. Certainly, there is an increase in the number of horses in the field. Indeed, we may measure this increase as a percent. The question becomes, "As a percent of what??" In this case, the percent increase was 25%. The number of horses is now 25% greater than it was before. In other words, 5 is 25% greater than 4. The formula for percent increase is:

$$\% \text{ increase} = \frac{\text{amount of increase}}{\text{original amount}} * 100\%$$

For the above example, the % increase was equal to the quantity one (the amount of the increase) divided by 4 (the original amount) multiplied by 100.

3. There are eight ducks on a pond. Four more land, making twelve. What is the percent increase? The answer is 50%. Suppose nine of those ducks take off, leaving just three. Now we have a percentage decrease.

$$\% \text{ decrease} = \frac{\text{amount of decrease}}{\text{original amount}} * 100\%$$

4. Find the percent increase if a quantity doubles. The answer is not 200%. Why?

5. Suppose there are five ducks on the pond and the amount increases by 20%. How many ducks are now on the pond? The answer is obtained by solving the following equation:

$$20\% = \frac{x}{5} * 100\%$$

The answer is six.

6. Consider the following data from the Immigration and Naturalization Service's Statistical Yearbook:

year	amount seized (in dollars)
1980	110,300,000
1985	119,100,000
1988	700,500,000
1989	1,191,500,000

Find the percent increase from 1980 to 1985. What is the percent increase from 1985 to 1988? What is the overall percentage increase from 1980 to 1989? What is the overall percentage decrease from 1989 to 1980? Does this answer surprise you? Why is it different? Assuming the percent increase stays the same percentage as it was from 1980 to 1989, find the amount of seizures in 1995.

EVALUATION: Give the students this data from the U.S. Center for Disease Control:

1985

age group	number of smokers
20 - 24	6,746,000
25 - 44	25,778,796
45 - 64	14,199,144
65 - 95	4,566,400

1987

age group	number of smokers
20 - 24	6,288,000
25 - 44	24,590,000
45 - 64	13,884,000
65 - 95	4,338,000

Have the students find the percent increase or decrease for each of the age groups from 1985 to 1987. Does this information disclose a trend? Suppose the percent increase or decrease from 1985 to 1987 remains constant from 1987 to 1989, fill out a chart for the number of smokers in each age group in 1989.

SUGGESTIONS: As an extension, have the students use the rate from 1985 to 1987 and try to figure out the chart for the number of smokers in 1989.

Created by: DAN MCGRATH – 12/17/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 9-12
MATHEMATICS

EXPONENTIAL CURVES

PURPOSE (DRUG ED):

1. The student will analyze and discuss Census Bureau data of narcotic seizures at the U.S. border and find that the trafficking of illegal drugs has increased dramatically in recent years.

PURPOSE (SUBJECT AREA):

1. The student will correctly graph data on the x-y axis to obtain an exponential curve.
2. The student will explain what the shape of the graph represents in terms of the data and how it differs from the "normal" straight-line data.
3. The student will be able to list other real-life examples of exponential growth.
4. The student will be able to research and find specific data from a source such as magazines, encyclopedias, etc. which indicates exponential growth and graph it.

ACTIVITY:

Using the most recent Census Bureau data which can be found in the Stastical Abstract of the United States, the student will make an exponential graph. This graph will be discussed in detail, and then other cases of exponential growth will be presented and discussed. Students will then break into small groups and list three other cases of exponential growth.

PURPOSE:

1. The fact is illegal drug traffic into the United States has increased substantially in recent years. Why is this? Ask the students for their impressions. Also, ask the students how they think the authorities know the drug trade has increased? Certainly, drug traffickers do not volunteer this information. One way of measuring the trend of drug trafficking is to look at the amount of narcotics seized by the border patrol. The following data gives the amount (in millions of dollars) of narcotics (narcotics here meaning any illegal drug) seized in recent years.

year	1965	1970	1975	1980	1985	1988	1989
amount seized	0.4	3.9	26.3	110.3	119.1	700.5	1191.5

2. Give this data to your students and discuss it. Do they think it is an accurate measure of the increase in drug trafficking? Make sure they understand just how big the number from 1989 is. Mention that one reason for the increase in the dollar amounts is simple inflation. Another reason for the increase is the importance being placed on stopping the drug imports. Ask them what percent or fraction of the drugs coming across the U.S. border they think are seized. Finally, stress that this data is one way the U.S. government estimates how many illegal drugs are entering the United States. Consequently, we see the current and future trends signal a dangerous increase in illegal drug availability.

3. Have the students make a graph of the data. What are the two variables or quantities they are graphing? Which one should go on the y-axis (dependent variable)? Which goes on the x-axis (independent variable)? Mention that time usually but not always goes on the x-axis since most things depend on time. Notice that the years given should not be a uniform distance apart on the x-axis. Be sure the graph is completely labelled.

4. Discuss the graph. What is the shape? What does the shape indicate? Have them describe what is happening to the data as time goes on. Have them predict what the dollar amount seized in 1990 will be. Also in 1991. Answers will vary. Ask them to explain how they obtained their answers. Have them predict what the dollar amounts seized in 1960 were. Tell them this is an example of an exponential growth graph. Emphasize that this type of function grows slowly at first, but then "explodes" and increases dramatically. Ask how this is different from the straight-line graphs they have seen before.

5. Present this problem: If you win the state lottery and are offered $10 million or the value on November 30th of a penny that doubles in value on each day in the month of November, which would you pick? Most, of course, will take the ten million. However, the value of the penny on November 30th is $10,737,418.

   They will not believe this so they will have to prove it to themselves. Have them start with .01 (remember, one cent is .01 dollars) on their calculator and multiply times two (i.e., double it) thirty times. Have them look at the numbers after doubling just ten times. They should have $10.24 cents on their calculators. Certainly, they will still be in disbelief. Indicate that this is a case of exponential growth. It starts off slowly, but will then "explode." Have them check the number after 20 doublings, after 25 doublings, and, finally, after 30 doublings.

6. Have the students break into groups of two, three, or four depending on class size and list three examples of exponential growth (i.e., things that grow slowly at first, but then grow dramatically). Walk around and give hints. Someone may choose an example of exponential decay (i.e., things that decrease slowly at first, but then decrease dramatically). Have the students turn their results in with time to discuss them. Are their choices examples of exponential growth? Why or why not?

EVALUATION: The student should research and find data which shows exponential growth. Examples can be found in magazines, encyclopedias, or textbooks. Have the student list the data and then make a complete graph of the data. Finally, have the student explain why he/she thinks this is an example of exponenial growth.

SUGGESTIONS: This lesson is meant only as an introduction to exponential functions. Notice it does not delve into the equations of the graphs. Be sure students know what the graphs mean and how you recognize them before using equations to describe them.

Created by: DAN MCGRATH -- 12/9/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 11-12
MATHEMATICS

FINDING AVERAGES FROM GROUPED FREQUENCY TABLES

PURPOSE (DRUG ED):

1. The student will identify the actual numbers of people in different age groups in the United States who smoke.

2. The student will discover that although the total number of smokers in 1985 and 1987 is not significantly different, the number of smokers in the younger age groups has dropped, signalling a new trend.

PURPOSE (SUBJECT AREA):

1. The student will recognize and analyze data presented in a grouped frequency table.

2. The student will find the mean, median, and mode of grouped data.

ACTIVITY:

While in small groups, the students will discover how to find the mean, median, and mode using Census Bureau data from 1985 and 1987 (the most recent years available) of the number of people in different age groups (over 20 years of age) who smoke.

PROCEDURE:

1. Note: Students should already know how to find the different "averages" (mean, median, and mode) of ungrouped data and with ungrouped frequency tables. Divide the class into small groups. Present the students with the following data from the year 1985:

age group	number of smokers
20 - 24	6,746,052
25 - 44	25,778,796
45 - 64	14,199,144
65 - 95	4,566,400

Talk about the social significance of this data. Are there any surprises in these numbers? Mention that there were 160,300,000 people over age 20 in the United States in 1985. Now are these numbers surprising? About what fraction or percentage of people smoke? Why is there not data about people under 20 years of age? (Possibly because truthful counts could not be assured.)

2. Point out again that an average is a number used to represent the entire data. How do we find the average (mean, median, or mode) of data such as this when it is grouped? Let the students brainstorm for a few minutes and present their ideas. Write down the ideas on the board.

3. Review finding the mean of ungrouped data. Use the problem-solving stategy of doing a simpler case first:

Put the following quiz scores in an ungrouped frequency table: 2, 2, 2, 2, 2, 2, 2, 2, 2,

Obtain the following ungrouped table:

class	frequency
2	9
3	0
6	1

Find the mean of this data.

Again, many people will add up 2 nine times, add 6 to this sum, and divide by 10. Point out this is a shortcut which does not always save time or effort. What if there are 90 scores of 2?

Students should remember that we may find the mean by the following formula:

$$\text{mean} = \frac{\Sigma xf}{\Sigma f}$$

where x is the individual data value and f is the frequency.

4. Now present test scores in a different format.

Consider the scores 77, 80, 82, 88, 93, 95, 96, 96, 98, 99.

Group the values into groups which are called classes.
Suppose we were actually interested in knowing the number of seventies, eighties, and nineties. The table would look like this:

classes	frequency
70 - 79	1
80 - 89	3
90 - 99	6

The lower class limit is the smallest piece of data that could go into a class. Thus, the lower class limit of the first class is 70. The upper class limit is the largest piece of data that could go into a class. Consequently, the upper class limit of the first class is 80. What are the upper and lower class limits of the second class? of the third class?

How do we find the mean of this table?.

The problem here is that if the original data was not available, individual scores would not be known. So how can you find the mean using only the information in the table?

The class mark is the value that is exactly in the middle of each class. In the table above, the class marks are 74.5, 84.5, and 94.5. Use the class marks as the representative value of the entire class. Thus, for example, the 80, 82, and 88 would be thought of as three 84.5's. Explain that accuracy is lost using this method, but it makes the computations much, much easier for large quantities of data. So now the table can be thought of as:

class mark	frequency
74.5	1
84.5	3
94.5	6

This table is known as a grouped frequency table. The mean is found the same way as with an ungrouped frequency table. We simply use the formula

$$\text{mean} = \frac{\Sigma(\text{class mark})*f}{\Sigma f}$$

Thus, the mean of the above is (74.5*1 + 84.5*3 + 94.5*6) divided by 10, which is 89.5. Does this seem correct? Look at the original data. Ideally, we want the classes to be the same size. However, as in the example in part 1, this is not always the case. Fortunately, the same method can be used.

class mark	frequency
22	6,746,052
34.5	25,778,796
54.5	14,199,144
80	4,566,400

The mean will be about 42.4. See if any of the student's original ideas would have obtained this answer.

5. Find the median of the grouped frequency table. The median is the middle value when the data is ranked in order according to size. There are 51, 290, 392 pieces of data. Which piece is the middle one? Take a simpler case. What if there were 5 pieces? What is the position of the middle value? What if there were 15 pieces? What is the position of the middle value? The formula for finding the middle position of n pieces of data is (n+1)/2. What is the position of the middle value of 6 pieces of data? The formula gives 3.5. This says the median is halfway between the third and fourth pieces of data. For our example above, the middle position is 25,645,196.5. Only the class this position occurs in needs be identified. Then, the median is the class mark of this class. In this case, the median would be 34.5. How?

6. The mode is the most popular value. In a grouped frequency table, it is just the class mark of the class with the largest frequency. In this case, it is the same as the median of 34.5.

7. Discuss why there is a discrepancy among the three averages.

EVALUATION:
from 1987:

Have the students find the mean, median, and mode of the following data

age group	frequency
20 - 24	6,288,000
25 - 44	24,590,000
45 - 64	13,884,000
65 - 95	4,338,000

Then have them discuss any differences or similarities in the data from 1985 with this data from 1987. Are there any noticeable trends?

SUGGESTIONS:

This is certainly a lot of material to cover for one class session, actually too much unless the students already have a firm grasp of mean, median, and mode. This lesson could easily be spread over two days with many more "simple" examples of grouped frequency tables to be presented. The homework assignment could be for the students to research various resources such as magazines or newspapers and find an ungrouped frequency table, write down the table, and find the mean, median, and mode.

Created by: DAN MCGRATH – 12/9/91

SCIENCE

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 3-5
SCIENCE - HEALTH
DURATION: 1 CLASS PERIOD

MYTH OR FACT GAME -- GRADE 3-5

PURPOSE (DRUG ED): Students will recognize the potentially damaging effects which use of commonly abused substances, particularly alcohol and tobacco, can have on the body; students will assess their own general knowledge of substance abuse myths and facts.

PURPOSE (SUBJECT AREA): Students will be able to correctly identify major organs and systems of the body and will learn what dysfunctions of these can be caused by substance abuse.

ACTIVITY: This may be used as a pre- or post-assessment activity of a unit on the physiological effects of substance abuse on the body. Students test their knowledge in game-like fashion.

MATERIALS: A pencil, a red felt-tip marker, a clear copy of MORTY and the GAME SHEET (both in this lesson) for each team of students; the teacher, who is "game host," gets the copy of the MYTH OR FACT STATEMENT/ANSWER SHEET (attached).

VOCABULARY: Myth, fact, drug, addiction, dependence, chewing tobacco, alcohol, decade, "hard" liquor, alcohol coolers, alcoholism, treatment center, Alcoholics Anonymous, support group, counselor

PROCEDURE:

1. The class is divided into teams of three or four players. Each team receives materials listed above.
2. The game is played somewhat like Bingo. The "game host" reads a statement from the STATEMENT/ANSWER SHEET below, and teams have a set number of seconds (perhaps 30) to agree upon and record in pencil their answer: is it MYTH or FACT? Team members may discuss their choices; the game host should repeat the statement before proceeding on to the next.
3. After the host has completed 15 statements, team members check their accuracy. For every INCORRECT answer, they draw a canceled circled (as in the film GHOSTBUSTERS) over the appropriate body area on poor MORTY.
4. Teams exhibit and compare their MORTIES. The MORTY with the least cancelation signs is declared the one most likely to lead a drug-free life.

5. As closure to the game, the children may be able to articulate other things they know about drugs and things they don't know and would like to find out. The teacher may list these on a large piece of paper, which can be hung at kid level for later reference and additions. This list can direct reading, library, interview activities. Informational videos, Weekly Readers, and guest speakers can provide even more answers.

GAME SHEET

Use a pencil to fill in "M" for "Myth" or "F" for "Fact" as your teacher, the "game host," reads statements about alcohol and tobacco. Talk it over with your team-mates.

1_____

2_____

3_____

4_____

5_____

6_____

7_____

8_____

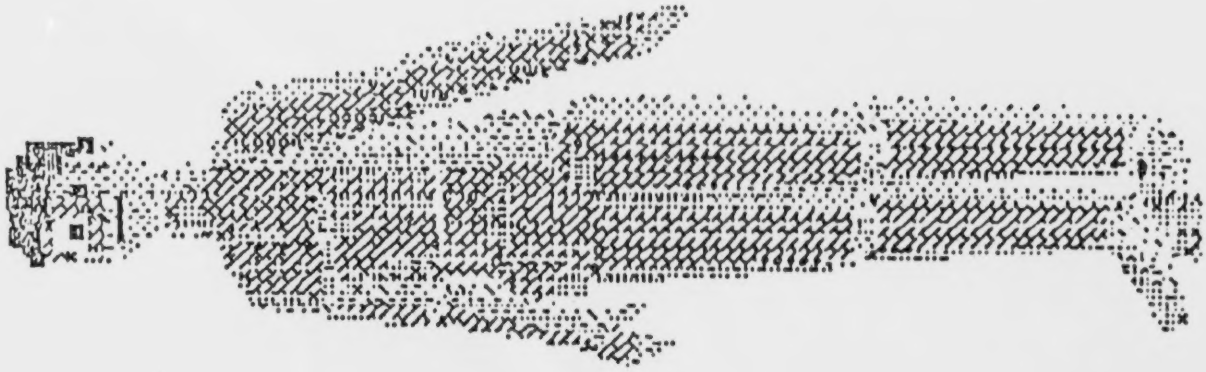
9_____

10_____

11_____

12_____

Next, your teacher will repeat the 12 statements and give the correct answer. Draw a red canceled circle over MORTY'S body part which you will learn is affected. The MORTY with the least circles wins!



MYTH OR FACT STATEMENT/ANSWER SHEET

Determine the time teams will be given between statements to discuss the statements and mark their answer sheets. Read the first statement, repeat it and after the given time read the correct answer, explanation and body part affected. Teams check their own answers. The MORTY with the least number of circles wins -- this MORTY has the best chance of leading a drug-free life.

1. These are all drugs -- beer, wine, cigarettes. [FACT. Drugs can be defined as substances that affect any body function or organ. Drugs do not have to be in pills, capsules or sweet tasting liquids. They may be in food, beverages and the air that you breathe. Some drugs have no flavor and you may not be able to sense their presence. Place a cancel over Morty's nose if you answered incorrectly.]

2. You can become addicted to chewing tobacco. [FACT. The nicotine in chewing tobacco is highly addictive and it is very difficult to stop the chewing habit. People may claim that they use tobacco for the flavor but they usually only like the flavor because their mind links tha flavor with the relief it gives from the body's uncomfortable feelings of withdrawal. The body becomes "dependent" upon the nicotine; it doesn't feel quite right without it. If you answered incorrectly, place a cancel mark over Morty's mouth.]

3. Chewing tobacco is not as dangerous as smoking cigarettes. [MYTH. There are extremely potent cancer-causing chemicals in large amounts in chewing tobacco. These can cause cancer, after only a few years of use, in your mouth, throat and stomach. Victims often die or must have cancerous parts such as their tongues surgically removed. Place a cancel over Morty's throat if you answered incorrectly.]

4. Cigarettes can be harmful even to people who don't smoke. [FACT. Second hand smoke has smoke has been shown to be very harmful and even deadly to family members of those who smoke. In fact, one study found that second hand smoke probably kills about 50,000 Americans per year, which is many more than are killed by drunk drivers. If a person is smoking in the same enclosed area with you then you should either leave or politely ask that person to stop smoking. If you answered incorrectly, draw a picture of Morty's daughter Mortality or his son Morty Jr., and place a cancel mark over her or him.]

5. Cigarette smoking helps you keep off weight. [FACT. Many smokers do tend to eat more for a limited period of time when they stop smoking. However, the health benefits of stopping smoking far outweigh any dangers of putting on a little extra weight and any weight gained after you quit smoking is usually eventually lost. Nonsmokers also have an overall better appearance since they tend to have healthier skin color and hair, whiter teeth, cleaner hands and are not surrounded by an obnoxious odor. Smokers also tend to be flabby even if they are skinny since they are not able to exercise as well due to lung impairment. Place a cancel mark over Morty's waist if you answered incorrectly.]

6. Tobacco can't kill you until you are old. [MYTH. Many teenagers have died from tobacco use after only a few years. While many tobacco related diseases may take decades to appear or become serious, many individuals have died as teenagers or in their early twenties from cancers and other tobacco-related illnesses. Tobacco use by a mother also increases the chances of death and illness for her children. Place a cancel over Morty's brain if you answered incorrectly.]

7. Only "hard liquor" like brandy or vodka is really harmful. [MYTH. Beer, wine and wine coolers can also be addictive and can cause harm to you. Liver damage, cancer, stomach problems, and difficulties with thinking can result. A mixed drink made with hard liquor often contain about the same amount of alcohol as does a glass of wine or a can of beer. Place a cancel over Morty's stomach if you answered incorrectly.]

8. Of all the different types of alcohol, "hard liquor" is the most dangerous. [FACT. Hard liquor is the most concentrated and is the only form of alcohol that can usually be drunk in large enough quantities to cause rapid death by alcohol poisoning. People who drink hard liquor on a regular basis also tend to drink larger total amounts of alcohol. However, other forms of alcohol can also be addictive and deadly -- that includes "light" beers and wine coolers. Place a cancel over the legs of Morty which may collapse under the influence of hard liquor.]

9. Alcohol mixed with fruit juice makes it better for you. [MYTH. The fruit juice may give you a few extra vitamins but the alcohol is just as bad for you no matter how you disguise it. If you answered incorrectly, place a cancel mark on Morty's liver.]

10. If you drive more slowly then its OK to drive after drinking. [MYTH. Driving under the influence of alcohol at any speed is dangerous and illegal. Drunk drivers often cause accidents by trying to drive slower than the surrounding traffic. Place a cancel mark over Morty's accelerator foot if you answered incorrectly.]

11. There are special treatment centers to help people who are addicted to alcohol. [FACT. People addicted to alcohol are not just thrown in hospitals or jails until they sober up. Treatment centers can provide the necessary training and support so that addicts and their families can permanently overcome their addictions and the many problems that can be caused by the addictions. (Many centers help people with other drug problems; a few even assist those with addictions to tobacco.) After they leave treatment centers (usually in about one month), addicts and their families can get continued help from support groups like Alcoholics Anonymous. But, yes, some people who can't or won't get help for their addictions end up causing trouble and going to jail. Place bars around Morty if you answered incorrectly.]

12. Alcoholics are mostly street bums. [MYTH. An alcoholic can be anyone: a businessperson, store owner, teacher, carpenter, homemaker, grandmother, doctor, even a teenager. It is consdered a disease, and one that effects all types of people, all ages, both men and women. Alcoholics are people whose drinking hurts the way they do their jobs, it hurts their friendships, their relationships with family, their health and safety. Alcoholism is not defined by how often or even how much a person drinks. It is what happens to the person's life and whether or not they become dependent (that means they cannot stop drinking and they do not feel quite right without alcohol in their body). Some scientist believe that people are born with a "predisposition" to alcoholism--they may have a chance of becoming alcoholic more than other people. Did you answer incorrectly? If so, put a canceled circle over Morty's shaking hand.]

Created by JUDY ULRICH & KARL ULRICH -- 12/91

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VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 7-12
SCIENCE - HEALTH
DURATION: 1 CLASS PERIOD

MYTH OR FACT GAME-GRADES 7-12

PURPOSE (DRUG ED): Students will recognize the potentially damaging effects which use of commonly abused substances (alcohol, tobacco, cocaine, heroin) can have on the body; students will assess their own general knowledge of substance abuse myths and facts.

PURPOSE (SUBJECT AREA): Students will be able to correctly identify major organs and systems of the body and will learn what dysfunctions of these can be caused by substance abuse.

ACTIVITY: This may be used as a pre-assessment or culminating activity of a unit on the physiological effects of substance abuse on the body. Students test their knowledge in game-like fashion.

MATERIALS: A pencil, a red felt-tip marker, a clear copy of MORTY and the GAME SHEET (both in this lesson) for each team of students; the teacher or student who is "game host" gets a copy of the MYTH OR FACT STATEMENT/ANSWER SHEET (attached).

VOCABULARY: Addiction, psychological, intellectual, social, predisposition, esophagus, pancreas, toxic/detoxify

PROCEDURE:

1. The class is divided into teams of three or four players. Each team receives materials listed above.

2. The game is played somewhat like Bingo. The "game host" reads a statement from the STATEMENT/ANSWER SHEET below, and teams have a set number of seconds (perhaps 30) to agree upon and record in pencil their answer: is it MYTH or FACT? Team members may discuss their choices; the game host should repeat the statement before proceeding on to the next.

3. After the host has completed 15 statements, team members check their accuracy. For every INCORRECT answer, they draw a canceled circled (as in the film GHOSTBUSTERS) over the appropriate body area on poor MORTY. (Inaccurate determination of the appropriate body part, simply means additional red cancelation circles on poor MORTY!)

4. Teams exhibit and compare their MORTIES. The MORTY with the most cancelation signs is the loser--in more ways than one.

5. As closure to the game, class identifies possible sources of

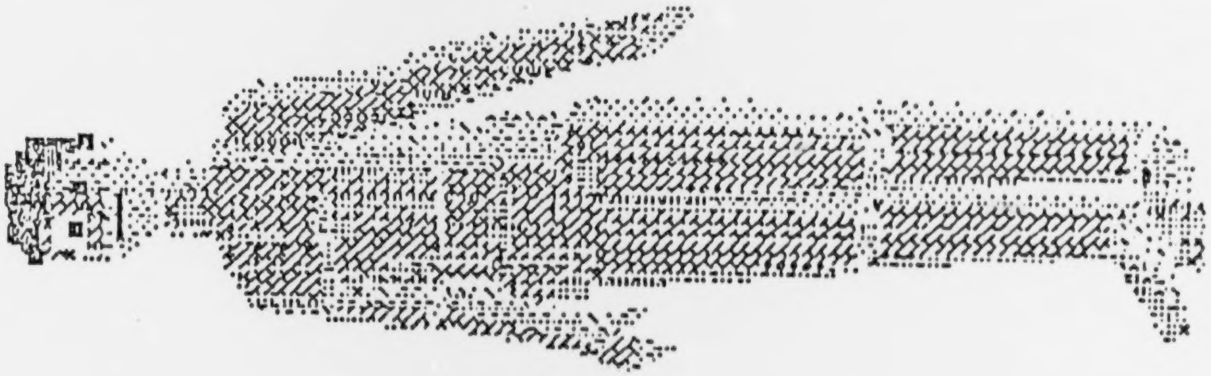
common myths about drugs. They might also identify additional "street lore" about these substances, and do library research to determine additional statements and accurate information for the games's MYTH OR FACT sheet.

GAME SHEET

Use a pencil to fill in "M" for "Myth" or "F" for "Fact" in the answer columns below as the "game host" makes statements about alcohol, tobacco, cocaine, and heroin. She or he will repeat the statement, and you may discuss it with your team-mates, but you will have only a certain amount of time to answer.

1_____
2_____
3_____
4_____
5_____
6_____
7_____
8_____
9_____
10_____
11_____
12_____
13_____
14_____
15_____

Next, the game host will repeat the 15 statements, as well as the correct answer. She or he will also give you additional information about the facts; if you answered incorrectly, draw a red canceled circle over the MORTY'S body part or system which your game host tells you is affected by abuse of the particular substance. The team with the most heavily canceled MORTY loses.



MYTH OR FACT STATEMENT/ANSWER SHEET

Determine the time teams will be given between statements to discuss the statements and mark their answer sheets. Read the first statement, repeat it and after the given time give the correct answer, explanation and body part affected. Teams check their own answers. The MORTY who is most canceled is the loser. Teams get additional red circles if they incorrectly determine locations of body parts or systems most affected by the specific drug.

1. People can become addicted to tobacco. [FACT. Addicts use their substance over an extended period of time, find it difficult to stop using the substance, and go through painful physical and/or psychological distress when they stop using it. This can be true with tobacco use -- smoking or chewing -- as well as alcohol, heroin, caffeine, and to some degree even caffeine. Put a canceled circle across Morty's finger -- this is for cigarette stains -- if you answered incorrectly.]

2. An alcoholic is a person who drinks every day. [MYTH. A person who is an alcoholic is one whose drinking seriously and repeatedly interferes with major aspects of their lives -- such as work, school, friends and family relationships, health and safety. It is not the frequency or even the amount of alcohol which determines who is alcoholic and who is not. It is dependency on the substance (see #1) and the extent of problems which have developed. Put a canceled circle over Morty's brain--social/emotional problems -- if you answered incorrectly.]

3. Alcoholism is caused by lack of good judgement or lack of self control. [MYTH. Alcoholism is considered a disease, which means that it progresses in a particular, identifiable way, and that it is serious, progressive, and irreversible. No one knows exactly how it is caused, although there is some evidence that alcoholism runs in families. Other research suggests that some people are born with a physical "predisposition" to alcoholism. Alcoholism may be linked to underlying emotional disorders such as depression. Whatever the causes, alcoholism is no one's "fault" nor is it to blame on a "character defect". Put a canceled circle over Morty's liver if you answered incorrectly.]

4. You can't become an alcoholic if you only drink beer or wine coolers. [MYTH. You can. While beer and wine coolers are less concentrated than liquor or pure wine, they can easily be drunk in sufficient quantities to cause dependency to develop. Put a cancel circle over Morty's brain if you answered incorrectly.]

5. Alcohol use can be fatal. [FACT. Yes, an alcoholic who is not treated is likely to die from liver and/or stomach damage, suicide, a car accident, even drowning. Alcohol can also increase your chances of a number of types of cancer as well as diseases of the circulatory system. Even moderate drinking impairs your ability to drive, swim, or ski safely. You can also die from "chug-a-lugging" or consuming a lot of alcohol quickly -- this is called alcohol poisoning. Put a cancel over Morty's stomach if you answered incorrectly.]

6. A kid can't be an alcoholic. [MYTH. The National Institute of Alcohol Abuse and Alcoholism reports that in 1985 4.6 million teens experience "serious alcohol- related problems". Many studies show that these numbers are rising. National research shows that children take their first drink of alcohol at the age of twelve; some regional studies put the age as low as eight. By graduation, one in five high-schoolers are alcoholics or en route. Put a cancel over Morty's large intestine where cancer may develop if you answered incorrectly.]

7. As long as I don't over-do it, alcohol is harmless. [MYTH. [Drinking by pregnant women is linked to fetal alcohol syndrome; babies can be born with physical and intellectual problems. Studies have not indicated any level of drinking that is safe for the fetus. Even moderate levels of drinking can cause birth defects. Drinkers may also harm their digestive and nervous systems, or develop certain types of cancer. And, while some research -- widely cited by the beer and wine industry -- suggests that moderate drinkers live longer that non-drinkers, recent studies by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) link even light drinking to shortened life span. Moderate use may not always be harmful, but all drinkers should be aware that there are health risks. Put a cancel over Morty's pancreas if you answered incorrectly.]

8. To drink or not to drink -- it's strictly an indiviual's decision. [MYTH. Not exactly. According to a recent survey by WEEKLY READER, 41% of fifth grade children are pressured to drink. And according to the National Council on Alcoholism, a kid between the ages of 2 and 18 sees 100,000 television commercials for beer alone. Put a cancel over Morty's ears -- they are being bombarded -- if you answered incorrectly.

9. Stick to wine coolers -- they're lighter than beer. [MYTH. They're higher in alcohol content than beer (Average 6% as compared to 4%). They're also high in calories (200 compared to beer's 100-150). Don't let the Kool-aid taste and look fool you. If you answered incorrectly, put a cancel anywhere on Morty -- he's been a complete fool.]

10. Alcohol is a poison. [FACT. It sure is. If a person drinks too much in one evening, for example, he or she can die from alcohol poisoning. The body cannot detoxify the alcohol quickly enough. Young people are particularly at risk. Teens have lower tolerances for alcohol than adults; the same amount of alcohol will have a greater effect on a kid than on an adult. When a person drinks alcohol, it travels from his or her stomach into the blood stream, where it is then sent to all body parts containing water. Young people weigh less that adults. They have less body water. The effect of alcohol on a kid's body is stronger than it would be in an adult's. Put a cancel on Morty's chest if you answered incorrectly].

11. Alcohol is good for warming up a chilled person. [MYTH. Alcohol may give your skin a warm glow because it shifts circulation to the skin. However, it can increase the chances of deadly hypothermia by allowing the temperature of the body's interior to drop to unsafe levels. Put a cancel on Morty's chilled abdomen, if you missed this one.

12. Heroin derived its name from being a "hero" of medicine. [FACT. As with many drugs that are now recognized as doing more harm than good, heroin was considered to be a wonder drug for pain when first introduced. Many heros have dark sides; heroin is highly addictive, debilitating, and toxic. Place a cancel mark on Morty's collapsed arm veins if you answered incorrectly.]

13. Smoker's kill about 50,000 nonsmokers per year in the U.S. [FACT. Second hand smoke has been shown to be deadly to family members of smokers and people who work in smokey environments. A study at the Medical College of Virginia placed the death rate at about 50,000 per year. Smokers also kill others by starting fires in buildings and forests and cause millions of dollars in property damage yearly. If you answered incorrectly, draw Morty Junior and place a cancel mark on him.

14. Chewing tobacco can't cause cancer because it is smokeless. [MYTH. Chewing tobacco greatly increases the chances of getting cancers in the mouth, throat and stomach. Even teenage chewers have developed these deadly, painful, disfiguring cancers. Place a cancel on Morty's missing tongue if you answered incorrectly.]

15. Cocaine was once considered very valuable in treating mental disorders. [FACT. The great psychoanalyst Sigmund Freud was among those who praised the drug. Only later was it realized that the temporary benefits of cocaine were replaced by additional psychological and physical problems. If you answered incorrectly, place a cancel on Morty's nose damaged by cocaine use.

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Created by: JUDY ULRICH & KARL ULRICH -- 12/91

SOCIAL STUDIES

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 6-8
SOCIAL STUDIES

MEDIA AND ALCOHOL

PURPOSE: Look at how drinking and alcohol are portrayed in the media. Examine commercials and advertising techniques. What are the underlying messages?

ACTIVITY: Activities can be done as a whole class or in small groups. Students may do some of the work outside of class. Some of the activities can be written assignments after the class has discussed and explored the issue.

MATERIALS: Magazines of varying kinds.

PROCEDURE:

1. Look through magazines and cut out ads for beer, wine, and alcohol. Look at the models in the ads and what they are doing. What message do you think the alcohol manufacturer is trying to get across to the reader (besides--buy it)? Discuss: Who are the ads supposed to appeal to? To what age group is the ad directed? To what sex? Why?
2. Analyze the ads and the magazines they come from. Which magazine has the most, which has the least? Are there any that have no ads for alcohol? Compare women's magazines, sports magazines, news magazines, etc. Discuss the reason for the differences.
3. Discuss T.V. ads. How do they compare to magazine ads? Ask the same questions.
4. Discuss T.V. shows in which characters drink (ex. Cheers, soap operas, old shows like Jackie Gleason or movies in which even cartoon characters are depicted drunk.) Come up with examples. How have the shows changed over the years - for instance, Sam on Cheers is a recovering alcoholic, no one is ever depicted as drunk on that show. What does alcoholism or drinking have to do with the character of the show? Is it meant to be funny? Do movies get away with more? How is the typical alcoholic or drunk portrayed?
5. How has the media kept up with public attitudes? What about ads that promote drinking in moderation, or responsible drinking - a contradiction? What is their motive?

EVALUATION: Using the magazine ads, make a collage depicting the message you think the advertisers are trying, as a whole, to get across to you-the potential consumer.

TIME LINE: A week or two.

Created by: WENDY FREGERIO -- 1991

LESSON:

GRADE LEVELS 6-8
SOCIAL STUDIES

MONTANA AND ALCOHOL

PURPOSE: Research and learn how federal and state laws governing alcohol have changed over the last 100 years, and what the current laws are.

ACTIVITY: Using references in the library and other outside sources, find out how Montana's liquor laws have changed and evolved over the last 100 years, how federal guidelines affect them. Complete some or all of the activities listed in Procedure either independently or in small groups.

MATERIALS: No special materials needed other than access to reference materials.

PROCEDURE:

1. Gather information, organize and present and share in written or oral form.
    - a. Using Montana history books, find out what you can. How did Prohibition affect Montana? What was bootlegging and was it a problem here?
    - b. What local ordinances does your community have?
    - c. Make a time line illustrating Montana's liquor laws over the last 100 years (statehood).
    - d. What are the current laws? Be sure to include information about minors.

2. Interview. Brainstorm and create a questionnaire and interview people you think would have interesting and valuable information.

    Example - Law Enforcement Officials --
    - a. What statistics do they have re: drinking and driving, accidents, homicides, domestic abuse, etc.
    - b. On the average, how many arrests involve alcohol? What types of offenses?

    Example - Community members, various ages --
    - a. What were the drinking laws when you were young? How well were they enforced?
    - b. How have public attitudes toward drinking and alcoholism changed over the years?

3. Bring in guest speakers to address the issue, perhaps law enforcement person, someone who has gotten into trouble with the law because of drinking and would be willing to address the issue.

4. Dear Abby. You're Abby. Write a response to this letter. Give the writer good, realistic advice.

Dear Abby,

I am 13 years old. Some of my good friends drink and they're telling me that I should, too. I'd sort of like to, but I know it's illegal. They say, "So what? You gotta get caught!" What should I do? I don't want to be called a baby or a chicken.

Signed, Confused

5. Take a poll. Find out what your classmates (in other classes or grades), know about alcohol and the law. Make up a questionnaire and analyze the results. You may find that they don't know much. In that case, you could write, publish, and distribute a brochure or booklet with the facts. (Get Administrative approval).

EVALUATION: Create a short, to the point, test on current laws regarding alcohol, what is legal and what isn't. You might address issues regarding minors in particular in order to stress that point.

SUGGESTIONS: Activities #1 and #2 would work well with cooperative learning groups of about 4 students.

TIME LINE: If doing all of the activities, several weeks may be needed to complete them, allowing classroom time for writing and presentation.

Created by: WENDY FREGERIO -- 1991

VOCATIONAL/ PRACTICAL ARTS

VOCATIONAL/ PRACTICAL ARTS

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 9-12
COMPUTER LITERACY
WORD PROCESSING
DESKTOP PUBLISHING

DRUG ABUSE POSTER

PURPOSE (DRUG ED: To research current statistics on drug abuse and to depict one drug abuse statistic on a graphically-designed poster.

PURPOSE (SUBJECT AREA): Using a graphics software program, the students will demonstrate the ability to:

1. Draw objects using the drawing and editing tools.
2. Type text.
3. Import a figure from the hard drive.
4. Create a graphically-designed poster.
5. Develop a group slide show which can be shown on any DOS-based computer.

Time Frame: Approximately four-to-five 50-minute class sessions.

Prerequisite- Students should have some computer experience plus approximately two-to-three hours previous instruction on the graphics software program being used for this activity.

ACTIVITY: Hands-on computer laboratory exercises, library-based research, class discussion and teacher demonstration.

MATERIALS: Computer with DrawPerfect software (or any other graphic program with the ability to manipulate images and create slide presentations).

PROCEDURE: Class Session 1:

1. Have the students find any statistics dealing with drug abuse. (For example: Fetal Alcohol Syndrome is the leading cause of mental retardation in children.)

2. Create a thumbnail sketch for the poster. The students select an appropriate image to use, what font would best be used to state the message, the placement of the image and the text, and the effective use of graphic lines on the poster.

Class Session 2:

Create the sketch using the computer. Be sure each student saves their file on diskette. Print a hard copy of the finished poster.

Class Session 3:

By referring to the the hard copies, the class discusses what would be an effective slide show sequence for their posters. Establish an outline that lists the information that they want to present. Ask the students to define and create an appropriate beginning and ending slide for the group's presentation.

Class Session 4:

Demonstrate the manual and automatic options that the students may select to enhance their slide show -- for example, wipe, snake, scroll, etc. Have the students select the options they wish to use as each of the files they created are combined into one slide show. Note: (If you are using DrawPerfect, this slide show may now be copied and shown as a run-time version slide show. This means you would be able to show the slide show on any DOS-based machine which may or may not have DrawPerfect loaded on its hard drive.)

EVALUATION:

Research-based statistic	5 points
Appropriate font and image to depict statistic	5 points
Creative use of other graphic tools	5 points
Overall poster effectiveness	5 points
Group participation for slide show creation	5 points

SUGGESTIONS: This slide show would be appropriate to show during Drug Awareness Week or at other school events.

Created by: CHERI JIMENO -- 12/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 10-12
GENERAL BUSINESS

ALCOHOLISM IN THE WORKPLACE

PURPOSE (DRUG ED): **To provide students with information about the effects of alcohol in the workplace and community resources available for the alcoholic and the alcoholic's family.**

PURPOSE (SUBJECT AREA):

1. To discuss the effect of alcohol consumption on job performance.
2. To identify the cost to business and industry of alcoholism.
3. To identify the common characteristics of the alcoholic.
4. To discuss supervisor intervention techniques at the various stages of alcohol abuse.
5. To provide information on community resources available to the alcoholic and to the alcoholic's family.

ACTIVITY: Class discussion.

MATERIALS: None

PROCEDURE:

Question: In your opinion, what effect would alcohol consumption have on job performance?

Answers: The employee Assistance Society of the United States has attributed the following losses to alcohol abuse:

a. Absenteeism is 3.8 to 8.3 times higher among abusers.
b. The risk of being involved in an industrial accident is two to three times greater.
c. Forty percent of industrial fatalities are linked to alcohol abuse.

Question: What you do believe is the cost to business and industry for alcohol abuse?

Answers:

a. Sickness and accident benefits paid out for alcoholic employees are three times greater than for nonalcoholic employees. Their health claims are typically $4,600 higher than other employees.
b. Grievances based on alcohol-related findings cost employers $1,050 on the average.
c. Alcoholics cost business and industry $25 to 30 billion a year due to reduced productivity and lost work time.

Question: What are the common characteristics to look for in an alcoholic?

Answers:

a. Physical signs. Bloodshot or bleary eyes, trembling hands, flushed face, irritability, nervousness, alcohol smell on breath or as body odor. Slurred or sloppy speech.

b. Behavioral sign. Impaired judgment, argumentative and insulting attitude, sudden changes of mood, fluctuating workout, avoidance of supervisor, use of breath purifiers, lowered work quality, increased absenteeism and lateness, longer lunch hours, early departures from work.

Supervisors should keep records of absenteeism and investigate causes of on-the-job accidents. They should be suspicious if there is a decline in the quality or amount of work produced by a usually competent individual.

Question: How do you deal with an employee with a drinking problem?

a. Work pattern is cyclical, inconsistent, sometimes excellent, sometimes pretty, signs of economic problems, signs of marital discord, avoids supervisors, often comes in late, often leaves early

   Solution: Use non-directive counseling; give verbal and written warnings; suggest Employee Assistance Program

b. Phones in sick, uses excuses, depressed, at work with hangover, physical signs such as bloodshot eyes.

   Solution: Use cooperative counseling; give verbal and written warnings; require EAP

c. Arrested for drinking, drinking on the job, promises employer to quit, but doesn't

Solution: Use directive counseling only; attend a rehabilitation program or be fired

Question: What community resources are available to the alcoholic and/or to the alcoholic's family?

Answer: Chemical dependency centers; Alcoholics Anonymous; Adult Children of Alcoholics; Alateen; and Children of Alcoholics

EVALUATION: In-class participation

SUGGESTIONS: Use some time to focus your discussion on the statistic that nonalcoholic members of an alcoholic's family use ten times the normal amount of sick leave. Discuss the constant state of stress that the nonalcoholic members live under from day to day and the addictive, compulsive behaviors they also may develop.

Created by: CHERI JIMENO -- 12/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 10-12
GENERAL BUSINESS, MARKETING,
OR BUSINESS LAW

SHOULD BEER COMMERCIALS BE BANNED FROM TELEVISION?

PURPOSE (DRUG ED): To inform students about the effects of alcohol.

PURPOSE (SUBJECT AREA):

1. To define the social responsibility of advertising.
2. To discuss the advertising 'image' portrayed by beer commercials.
3. To define whether banning beer commercials from using television as an advertising medium would be considered appropriate censorship.

ACTIVITY: Brainstorming and class discussion

MATERIALS: None

PROCEDURE:

1. Class brainstorming activity:

   Question: "Should Beer Commercials be Banned from Television?"

   On the chalkboard, use one area to write "YES" responses from the students, and another area to write "NO" responses from the students. Since this is a brainstorming exercise, all answers from the students should be accepted.

2. Use the brainstorming activity as a basis for class discussion focusing in on such questions as:

   Question: "What types of subliminal messages do the current beer advertisements create? Are distributors just creating demand in consumers, or are they making indirect references to the consumers innate desires?

   Partying, having fun, being neighborly, relaxing after a hard day's work, being manly and/or young at heart, creating sexual imagery and fantasy are images that are currently being portrayed in beer commercials.

Question: Would banning of beer commercials be a violation of free speech?

Advertising is considered "commercial speech", not free speech. Although, commercial speech enjoys some protection under the First Amendment, commercial speech is usually viewed as less serious or less important than other forms of speech. For example, "hard" liquor is banned from TV, as are smoking products. Also, even though beer and wine ads are permitted on TV, advertisers are prohibited from showing actual consumption by consumers.

Question: Does advertising actually "manipulate" the consumer?

There seems to be a belief that advertising may employ supple and obscure forms of persuasion, therefore the less educated and sophisticated may be subjected to exploitation. As such, the controversy exists that alcohol commercials may be creating the wrong "imagery" for today's youth.

Question: Does television advertising actually increase demand for a product?

Various studies show that although television is an efficient form of mass communication and can accelerate the growth of new markets and new entries into market, television advertising does not determine the ultimate size of a market. Therefore, banning beer commercials may or may not have any effect on the consumption of the product. In addition, beer distributors also have various other means available to advertise their product, such as magazines, billboards, etc.

Question: When we allow beer commercials on television, are we advertising an "unethical" product?

The effects of alcohol on pregnant women and drivers are causing agencies to confront the question of whether allowing beer advertising is in the public's best interest. For example, the effects of Fetal Alcohol Syndrome is now the leading cause of mental retardation in children, plus it can cause of variety of other birth defects. Statistics verify that a drinking and driving incident now occurs every 17 minutes, and that 2 out of every 5 drivers will be involved in a drinking-related car accident.

The NCAA is currently talking about banning beer advertising during broadcasts and the State of California now treats alcohol as a carcinogen, and requires P-O-P (Point of Purchase) signs on all displays.

EVALUATION: Class participation

SUGGESTIONS:

1. You may start your discussion with a brainstroming activity on the question, "Should cigarette advertising be banned from television?" Since this idea is now a commonly-held belief, most students will have a difficult time developing negative arguments for this discussion. This discussion then makes a good lead-in to the question, "Should beer commericials be banned from televison?"

2. Use this topic as a debate question. Give the students at least one week of preparation time for the topic. The students should be required to use at least two current periodical citations to support the "Yes" and "No" sides. You many want to require that students summarize their findings and reactions in a concluding paragraph.

3. As a follow-up assignment, you may have the students watch some beer commercials. The students could keep a week's log of the various commericials they watched. The log could be in a simple 3 column-format similar to the following:

Commerical Watched	Subliminal Message	Explanation
Rainier Beer	Fantasy	Bottled beer running across the road

At the end of the week, have the student's bring in their observation log for a follow-up class discussion.

Created by: CHERI JIMENO -- 12/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS 10-12
GENERAL BUSINESS OR
BUSINESS LAW

SHOULD EMPLOYEES BE SUBJECTED TO MANDATORY DRUG TESTING?

PURPOSE (DRUG ED): To inform students about drug testing in the workplace.

PURPOSE (SUBJECT AREA):

1. To define the use of drug testing in the workplace.
2. To determine the effects of drug use on employee productivity.
3. To examine the reliability and validity of drug testing.
4. To discuss whether drug testing is an infringement on the "right to privacy".

ACTIVITY: Lecture and class discussion from handout, "Should Employers Use Mandatory Drug Tests?"

MATERIALS: Handout (Follows)

PROCEDURE:

1. Class brainstorming activity:

   Ask the students the question, "Should employers require mandatory drug tests?" On the chalkboard, use one area to write "YES" responses from the students, and another area to write "NO" responses from the students. Since this is a brainstorming exercise, all answers from the students should be accepted.

2. Class discussion of the pros and cons of drug testing.

   Compare the answers given by the students to the details provided on the handout. Have the students give feedback to each of the items on the handout.

3. Use a variety of discussion starter questions such as:

   "Does mandatory drug testing create favorable or unfavorable employment conditions for nonuser employees?"

   "What is the responsibility of the company to the individual in regard to preserving personal dignity and privacy?"

   "In what ways is preemployment screening of job candidates a more favorable procedure than random testing of existing employees?"

   "Why might preemployment screening still be less than fully effective in controlling substance abuse in the workplace?"

"Should there be a policy of mandatory testing for nonmanagement employees only?"

"Should there be mandatory drug testing for all professions?" (Use a profession that all the students are familiar--such as teaching).

EVALUATION: In-class participation

SUGGESTIONS:

1. Discuss the growing popularity since the mid-1980s of using drug testing for pre-employment screening of job applicants. You might relate this information to the popularity of using lie detector tests in the l950s and 1960s.
2. Do any of your local organizations require pre-employment or random drug testing? In the Dillon area, Pfizer Corporation does both.
3. Use this topic as a debate question. Give the students at least one week of preparation time for the topic. The students should be required to use at least two current periodical citations to support the "Yes" and "No" sides. You many want to require that students summarize their findings and reactions in a concluding paragraph.

Created by: CHERI JIMENO -- 12/91

Handout: Should employers use mandatory drug tests?

YES

Employers should use drug tests since:

They are an important tool for screening employees for sensitive jobs in such industries as public transportation, nuclear power, and drug manufacturing.

If employees have nothing to hide, they have nothing to lose by taking them.

According to the National Institute of Drug Abuse, more than 30 percent of Fortune 500 firms now test applicants and employees for drugs.

Tests are often used in professional and amateur intercollegiate sports to assure the absence of steriods, stimulants, and other chemicals that may yield short-term advantages to the athletes who take them.

The former head of the Federal Drug Enforcement Administration observed that, "in 1985 more than 15 million working Americans use marijuana and at least three millon use cocaine." *

A study conducted by the Research Triangle Institute of North Carolina estimated that productivity losses due to alcoholism in the United State were over $90 billion dollars in 1986. The same study placed the cost of health care to treat affected persons beyond $9 billion.

Drug-addicted persons often pose serious risks to the productivity of the firm and the safety to others.

Substance users are absent from work two and a half times as often as other workers, and their average productivity is as much as a third lower than nonusers.

Employers absorb the costs of medical benefits, accidents and injuries related to substance abuse. Studies indicate that employers pay from $500 to $1,000 per employee because of drug abuse in the workplace.

Corporations may be held liable for injuries caused by persons affected by drugs.

NO

Employers should not use drug tests since:

Drug testing violates an employee's right to privacy.

The presence of drugs is difficult to detect and some persons may continue to work without apparent effect for many years.

The process of testing is often invasive (drawing blood samples) or dehumanizing (observing the giving to urine samples).

Studies show drug tests are not totally reliable; an employee or future employee must be protected from disciplinary action where drug testing is not reliable.

Drug testing is expensive. Urine and blood screening tests cost from $40 to $50 per test. More sophisticated testing measures are estimated at a cost of $150 per test.

Drug testing may not be used to diagnose any specific job-performance problems, but to check on how people live their lives outside work.

The courts have historically sided against employers in privacy cases.

Drug problems should be dealt with by the organization using personnel policies which combine job performance appraisals with disciplinary systems and employee assistance programs.

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* Unless otherwise indicated, all statistics reported are from Alcohol and Drugs in the Workplace: Costs, Controls and Controversies, A BNA Special Report (Washington, D.C.: The Bureau of National Affairs, Inc., 1986.)

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS: 8-9
INDUSTRIAL ARTS/TECHNOLOGY EDUCATION

HOW CHEMICAL DEPENDENCY IMPACTS THE COMMUNICATION INDUSTRY

PURPOSE (DRUG ED): To provide students with an understanding of chemical dependency and how it impacts the communication industry. Create an animation in opposition to chemical use.

PURPOSE (SUBJECT AREA):

1. To discuss how the communication industry is used to sell chemicals.
2. To identify the amount of money spent on promotion of drugs and alcohol.
3. To create an anti-drug abuse animated video.

ACTIVITY: Students will create a personal anti-drug abuse animation.

MATERIALS: Computer, Animator program, computer disk and video camera and TV.

PROCEDURE:

1. Have students discuss/brainstorm how the communication industry is used to promote drugs and alcohol.
2. Each student will make up a list of advertisements used to sell drugs and alcohol.
3. Discuss with the students the difference in money spent on drugs and alcohol promotion verses the amount spent on anti-drug advertisements.
4. Have students break up in groups of 4 and brainstorm on creating a anti-drug animation.
5. When students have put together an idea for an animation and it is approved have them use the computer and the program called Animator to produce the animation.
6. The student will transfer the animation from the computer to video and the class will watch the videos.

EVALUATION: In-class participation, and the creation of an animation.

SUGGESTIONS: There are many programs used to transfer animator to video.

Created by: CLEO SUTTON -- 1/92

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS: 9-12
INDUSTRIAL ARTS/TECHNOLOGY EDUCATION

HOW ALCOHOL & DRUG USE AFFECT JOB PERFORMANCE IN THE TRANSPORTATION INDUSTRY

PURPOSE (DRUG ED): To provide students with information about the effects of Alcohol in the transportation industry, in both the repair and driving portion.

PURPOSE (SUBJECT AREA):

1. To discuss the effect of alcohol and drug consumption on the job and driving performance.
2. To identify the cost to repair, driving and insurance industries of chemical dependency.
3. To identify physical characteristics of chemical dependency, danger signs.
4. To discuss intervention techniques at home, work, school labs and driving.
5. To provide information on community resources available to the chemical dependent person and his or her family.

ACTIVITIES: Guest speakers from local Alcoholics Anonymous, auto repair facility, transportation company, highway patrol, and treatment facility.
Attend an (open) meeting of Alcoholics Anonymous.
Class discussion.

MATERIALS: None

PROCEDURE:

1. Have students discuss/brainstorm the aspects chemical dependency that has affected lives around them. (Write on the board.)
2. Have each student make up his or her own list of how chemical dependency has affected their life. (They must write it down but no other person should see it.)
3. Have students discuss/brainstorm the aspects chemical dependency affects the transportation industry.
   a. Effects in the repair facility.
   b. Effects in the driving industry.
   c. Cost and Effects of enforcement.
   d. Safety
   Write answers on the board.
4. Bring in guest speakers and have them address, from their viewpoint, the effects on the Transportation industry.

EVALUATION: In-class participation, (optional) have each student write a short paper on chemical dependency, using the information from above.

SUGGESTIONS: Use some time to focus your discussion on the effects to the nonchemical dependent member of chemical dependent's family and friends. Read some articles from Grapevine, an Alcoholics Anonymous publication. Have the students go to the local court house and get a copy of all the crimes which chemicals were involved for the last month. The student would then calculate the cost of arrest, court, and damage and loss of property and person for the total month.

Created by: CLEO SUTTON -- 1/92

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS: 10-12
INDUSTRIAL ARTS/TECHNOLOGY EDUCATION

CHEMICAL DEPENDENCY IN THE CONSTRUCTION INDUSTRY

PURPOSE (DRUG EDUCATION):

To provide students with information about the effects of chemical dependency in the construction industry and the accidents it causes.

PURPOSE (SUBJECT AREA):

1. To discuss the financial effects of chemical dependency in the construction industry.
2. To identify the hazards chemical dependent employees have on fellow employees.
3. To discuss what to do when you know a fellow employee is using chemicals on the job.
4. To identify danger signs of chemical dependency.
5. To investigate why the construction trades have a high chemical dependency problem.

ACTIVITY:

Guest speakers from trade unions, construction company, insurance company and hospital.

Field trip to a rehabilitation facility.

Class discussion.

MATERIAL:

Poster board.

PROCEDURE:

1. Have students discuss/brainstorm about danger signs of chemical dependency. (Write answers on the board)

2. Have the students make a list of the financial effects chemical dependency has on the construction industry. (Write it on the board)

3. Have the students go through the last months news papers and find all the construction accidents that have made the news paper. Investigate and see what percent of these were caused by or chemicals contributed to the accident.

4. Have the trade union speaker come in address how big they feel the problems, what the union is doing about it, and what they feel the impact is on the work force.

5. Bring in the construction company speaker and have him address the same questions and also what they feel the cost of chemical dependency is to their company.

6. The insurance company representative would speak on what the insurance industry pays for chemical dependency in the construction industry.

7. Have the students put together a poster using construction accidents cause by chemical abuse that have occurred in their local area.

EVALUATION: In-class participation, and poster.

SUGGESTIONS: Each area will have different resources to use. Be sure to involve as many local people as possible.

Created by: CLEO SUTTON -- 1/92

LIBRARY/MEDIA

VISIONS -- DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:

GRADE LEVELS: K-1-2
LIBRARY SKILLS

HEALTHY OR UNHEALTHY

PURPOSE (DRUG ED): Students will understand the concept of healthy/unhealthy. Students will be able to place and discuss why drug and/or alcohol fits into the unhealthy construct.

PURPOSE (SUBJECT AREA): To develop listening skills, sequencing, and critical thinking skills

ACTIVITY: Before starting the project, introduce the children to the etiquette of library visits and story time. This lesson should take two 30 minute sessions.

MATERIALS: I KNOW THE WORLD'S WORST SECRET: A CHILD'S BOOK ABOUT LIVING WITH AN ALCOHOLIC PARENT, and/or I CAN SAY NO: A CHILD'S BOOK ABOUT DRUG ABUSE (these books are available through the Western Montana College Library), or other suitable picture book; a number of old magazines suitable for cutting up; scissors.

PROCEDURE: During the first session, introduce the concept of healthy and unhealthy things for our bodies. Do this by drawing a happy and a sad face on a chalk board. Have a series of pictures of food, activities and that sort of thing cut out and have the students decide under which face the items would be placed. If time permits, divide the students into groups and give each group a pile of magazines and a few pair of scissors to find pictures of their own to cut out and discuss.

Session two would begin with a short review of the concept of healthy and unhealthy and then one of the stories mentioned above or a similar one will be read to the students. A short discussion will follow the story and the idea of healthy and unhealthy actions will be the centerpiece. Also, what should the young child do and feel will be discussed and a blanket referral to the school counselor if a student wants to talk about similar problems. Good discussion questions are at the end of each of the two books mentioned in the unit.

EVALUATION: This activity will be evaluated in the following ways:

1. Demonstration of appropriate library and story time etiquette.
2. Each student can differentiate between a healthy and an unhealthy item.
3. Each student will be able to see why drug/alcohol abuse fits in the unhealthy category.

Created by: MIKE SCHULZ--12/91

LESSON:

GRADE LEVELS: 3-4
LIBRARY SKILLS

DIAL-A-DRUG-FACT

PURPOSE (DRUG ED): To help students become familiar with various drugs.

PURPOSE (SUBJECT AREA): To develop skills in the use of library reference works, encyclopedias. To develop a basic understanding of the research process.

ACTIVITY: Introduce the students to the use of encyclopedias and reference materials, then proceed with the lesson. This lesson should take three 30 minute sessions.

MATERIALS: Encyclopedias, brass paper fasteners, scissors, note-taking guides, wheels (use two paper plates or cut circles using tag board), crayons.

PROCEDURE: During the first session, the students will be told that they are going to find information about various drugs. A review of how to locate information in an encyiclopedia should be conducted. Each child (or group of students) will be assigned a specific drug.

During the second session the students will find information about their drug and complete the note-taking guide.

The final session will have the children transfer their notes to the bottom circle, draw an illustration and write the name of the drug on the top circle. The circles are put together using the brass paper fastener. (The teacher can either have precut tag board circles, have the students cut their own, or use paper plates)

(The top circle has 1/4 "pie" cut from it. The name of the drug is written on the other 3/4 area--maybe a picture. The bottom circle is divided into 4 equal parts "description", "action", "negative reaction", and "other facts".)

A sample list of drugs for the assignment:

> alcohol, caffeine, nicotine, heroin, morphine, opium, codeine, marijuana, PCP, LSD, mescaline, cocaine, depressants, stimulants, steroids, inhalants, etc.

EVALUATION: This lesson will be evaluated by successful completion of the note-taking guide and by the appearance and accuracy of the dial-a-fact.

Created by: MIKE SCHULZ – 12/91

NOTE-TAKING GUIDE:

Student Name ______________________________

Drug Name ______________________________

Description ____

____

____

____

Action (drug effects) ______________________________________

____

____

Negative Reaction ____

____

____

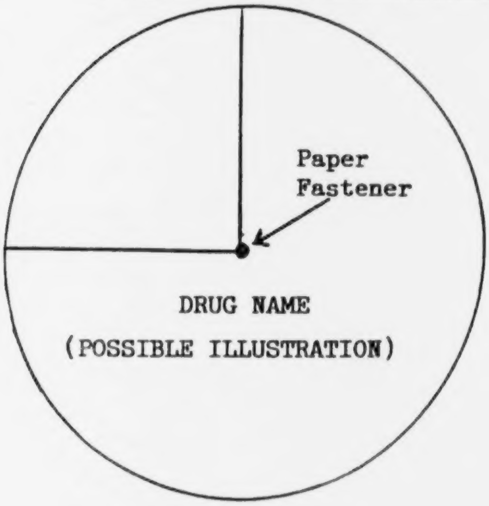
Other Facts (2)

1. ____

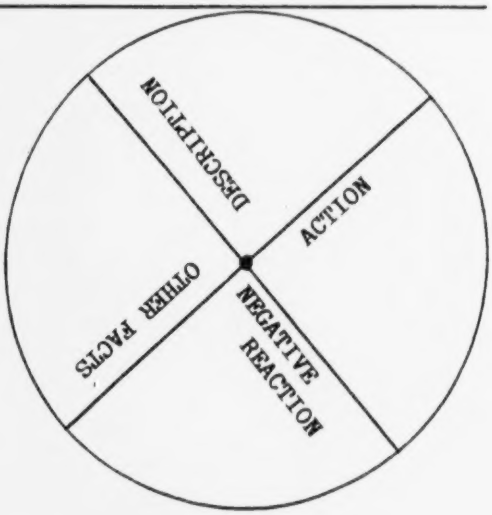
____

2. ____

____


Paper Fastener
DRUG NAME
(POSSIBLE ILLUSTRATION)

PLATE/WHEEL ONE


DESCRIPTION
ACTION
OTHER FACTS
NEGATIVE REACTION

PLATE/WHEEL TWO

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI5.12

GRADEL LEVELS: 4-5
LIBRARY

THE CARD CATALOG CONNECTION

PURPOSE: Students will gain knowledge and understanding of the card catalog.

ACTIVITY: Students will be seated and the activity "Decoding a Catalog Card" will be handed out and introduced.

MATERIALS:
* Students will need copies of the "Decoding a Catalog Card" worksheet
* Students will need access to a card catalog

PROCEDURE: Because this is a lesson that is meant to be used in conjunction with drug related issues, let's tie the issues of the library and the specific information needed together.

SUGGESTIONS: Allow students time to browse for information in their library. Use this lesson to help students decode the information that is at their fingertips.

LIBRARY SKILLS WORK SHEET : DECODING A CATALOG CARD

NAME:________________________ DATE:______________________

Hello! Welcome to the information center...................................
You are here because you have a desire to FIND information related to drug education, drug prevention, and living a healthy life.

What you need to do is find books that you think will provide you information about a drug related issue. Your "search" will depend on your library and on the help you get.

So, your mission is to locate books about a drug related issue.

Begin......................... !!!

Put on your adventure gear and DO NOT RETURN OR PASS GO until you find five books with drug related information in them!

Now, using every part of the book that you can, find the following information.

****

Your decoding file:

Call number ________________________

Author ________________________

Title ________________________

Illustrator ________________________

Publisher ________________________

Copyright date ________________________

Number of pages ________________________

Circle the kind of catalog card: AUTHOR TITLE SUBJECT

Circle the type of book: FICTION NONFICTION EASY

****

……

Your decoding file:

Call number ______________________________

Author ______________________________

Title ______________________________

Illustrator ______________________________

Publisher ______________________________

Copyright date ______________________________

Number of pages ______________________________

Circle the kind of catalog card: AUTHOR TITLE SUBJECT

Circle the type of book: FICTION NONFICTION EASY

……

……

Your decoding file:

Call number ______________________________

Author ______________________________

Title ______________________________

Illustrator ______________________________

Publisher ______________________________

Copyright date ______________________________

Number of pages ______________________________

Circle the kind of catalog card: AUTHOR TITLE SUBJECT

Circle the type of book: FICTION NONFICTION EASY

……

Your decoding file:

Call number ______________________________

Author ______________________________

Title ______________________________

Illustrator ______________________________

Publisher ______________________________

Copyright date ______________________________

Number of pages ______________________________

Circle the kind of catalog card: AUTHOR TITLE SUBJECT

Circle the type of book: FICTION NONFICTION EASY

Your decoding file:

Call number ______________________________

Author ______________________________

Title ______________________________

Illustrator ______________________________

Publisher ______________________________

Copyright date ______________________________

Number of pages ______________________________

Circle the kind of catalog card: AUTHOR TITLE SUBJECT

Circle the type of book: FICTION NONFICTION EASY

Remember where the information is... in your library!

Created by: CARL KNUDSEN -- 1/92

LESSON:

GRADE LEVELS; 6-7-8
LIBRARY SKILLS

DRUG INFORMATION AND REFERRAL DIRECTORY

PURPOSE (DRUG ED): Develop an awareness of local, regional, state and federal individuals, organizations, etc. that aid people with a drug abuse problem or supply support for the family of the afflicted.

PURPOSE (SUBJECT AREA): Students will gain experience in finding addresses in library reference materials. They will create a resource file of individuals and organizations for library information and referral. They will become familiar with book construction and parts, i.e. index, table of contents, etc.

ACTIVITY: Students should have been introduced to finding groups, associations, and organizations in the basic reference sources outlined under materials. This lesson should take four 30 minute sessions.

MATERIALS: The World Almanac and Book of Facts and/or the Encyclopedia of Associations, local phone books, state government directory, note-taking guide.

PROCEDURE: During the first session tell the students that they are going to create a directory for information and referral of organizations/associations that deal with drug related problems. Review how they will locate addresses and other information regarding these groups. Split the class into four groups, one that will locate local sources, one regional, the next state, and finally the last national information.

During the second session have the students find information about their organizations by filling in their note-taking guides.

During the third session students will compile a directory of the four groups, using tabs, table of contents, index and a cover illustration. The finished directory will be duplicated and donated to the school library, public library and school counselor's office.

During the final session visit, call or write one or more of these agencies. Have the students report to the class on their contacts and invite the local and regional groups to visit your class.

EVALUATION: This activity will be evaluated by the appropriate completion of the note-taking guide by the group, the successful creation of the Drug Information and Referral Directory, student reports and letters.

NOTE-TAKING GUIDE

Name of Organization, Address, and Phone:

Hours, Eligibility, and Fees:

Services Offered:

Created by: MIKE SCHULZ–12/91

LESSON: HDI6.29

GRADE LEVELS: 6-7
LIBRARY

MAGAZINE ARTICLES CONCERNING DRUG RELATED ISSUES

PURPOSE: Students will practice retrieving information from the READER'S GUIDE

ACTIVITY: Students will scan the READER'S GUIDE for articles on drug related issues and retrieve information that could be used for book report preparation.

MATERIALS: READER'S GUIDE
Magazine collection
Work sheet

Magazine Articles Concerning... Drugs and Drug Related Issues

Name________________________ Date________________________

DIRECTIONS:

1. Using the READER'S GUIDE, locate 5 articles concerning drugs or drug related issues.
2. If your library subscribes to the magazines, locate the articles and skim them.
3. Answer the following questions in relation to each of the 5 articles.

Article # 1

Author ________________________

Title of article ________________________

Title of magazine ________________________

Volume ________________________

Number ________________________

Date of issue ________________________

Page numbers ________________________

Why will this information help you prepare a report?

____

Article # 2

Author

Title of article

Title of magazine

Volume

Number

Date of issue

Page numbers

Why will this information help you prepare a report?

Article #3

Author

Title of article

Title of magazine

Volume

Number

Date of issue

Page numbers

Why will this information help you prepare a report?

Article # 4

Author ______________________________

Title of article ______________________________

Title of magazine ______________________________

Volume ______________________________

Number ______________________________

Date of issue ______________________________

Page numbers ______________________________

Why will this information help you prepare a report?

____

Article # 5

Author ______________________________

Title of article ______________________________

Title of magazine ______________________________

Volume ______________________________

Number ______________________________

Date of issue ______________________________

Page numbers ______________________________

Why will this information help you prepare a report?

____

Created by: CARL KNUDSEN -- 1/92

LESSON: HDI7.2

GRADE LEVEL 7-9
LIBRARY

DICTIONARIES

PURPOSE: -Students will examine the format of dictionaries.

-Students will compare entries in different dictionaries for drug related terms.

-Students will use the dictionary to find the meanings and origins of drug related terms.

ACTIVITY: -Locate dictionaries in the reference section of the library.

-Become familiar with the format of dictionaries.

-Define drug related terms.

-Identify origin of drug related terms.

MATERIALS: -Copy of student worksheet.

-2 or more different Dictionaries.

PROCEDURE: -Provide students with worksheet.

-Students need at least 2 different dictionaries, either different publishers or different editions.

-Have students work individually to complete worksheet.

WORKSHEET:

1. In the reference section of your library locate 2 different dictionaries. They can be different publishers or different editions. Some popular dictionaries include: Webster's Ninth New Collegiate Dictionary, The Random House College Dictionary, and The American Heritage Dictionary of the English Language.

   List the two dictionaries you are using, including titles, publisher, edition and publishing date.

1)____

2)____

2. Dictionaries deal primarily with words. They are the "final authority" on meaning, spelling, pronunciation, history and grammatical usage. Many dictionaries can be a valuable source of information and include not only the information listed above but also diagrams,maps, charts and tables of commonly needed information. Dictionaries can be useful in understanding terminology associated with drugs. Some of the terms used today that are associated with illegal drugs and drug abuse may be considered "slang" and not included in the dictionary. When slang becomes so commonly used that the average person may use the word, then it may be included in future editions.

3. Scan through your dictionaries. What sort of information is found in the front of the dictionary before the definitions begin?

What is the purpose of this information?

4. "Entry words" are the words at the top corner of each page in the dictionary. The first word indicates the first word defined on that page, the second word indicates the very last word included on that page.

Look up the following terms. For each, write the entry words found at the top of the page and then write the definition for the word itself:

example:

potent -(potbelly stove/pouf): capable of causing strong physiological or chemical effect, as medicines or alcoholic beverages do.

depressant-

lethal-

placebo-

5. Entries in dictionaries can help us understand where our English words originated and what they mean. You will see that many of our words come from Latin or Greek. The origin of a word is called its "etymology". This information is placed at the end of the definition and is enclosed in brackets [ ]. Two other symbols are generally used, < meaning "derived from" or "taken from" and "?" meaning possibly. Abbreviation keys are usually given either in the front of the book or at the bottom of the pages.

Locate the following terms . Write the definition for each term and then its etymology.

example:

narcotic- a drug that dulls the senses,induces sleep and becomes addictive with use. [comes originally from the Greek "narke", numbness]

addict-hypnotic-

sedative-

6. Use your dictionaries to locate the following terms associated with drug use or abuse. Look up the words in BOTH of your dictionaries and compare the entries in each case. Note if there are any differences. Note if any terms are not listed at all. Explain why you think that term has been left out.

psychoactive-

synergism-

hangover-

psychedelic-

crack-

angel-dust -

withdrawal-

synesthesia-

bennies-

over-the-counter drugs-

potentiation-

7. If you look through your reference section in the library, you may come across other books that are titled "dictionary" of some specialized area. For instance, there is the "Dictionary of the History of Science", a book that arranges articles alphabetically that address specific terms and general concepts of importance in the history of Scientific development.

Look through the reference section of your library to see if you can locate any specialized "dictionaries" of this type. Use the card catalog and look under "dictionaries" to see if there are any entries. A work that covered biology, chemistry, pharmocology or health may cover important terms used in studying drugs or drug abuse.

If you find any of these works, list titles here:

Created by: CARL KNUDSEN -- 1/92

VISIONS --- DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDI7.3

GRADE LEVEL 7-9
LIBRARY

ENCYCLOPEDIAS

PURPOSE:
- Students will be able to locate encyclopedias in the library.
- Students will compare entries for a drug related topic in at least 2 different encyclopedias.
- Students will evaluate the presentation of information in different encyclopedia.

ACTIVITY:
- Locate 2 general encyclopedias in the reference section of the library.
- Look up articles on a drug related topic in each encyclopedia and compare the way the topic is treated in each.
- Using the encyclopedia article list additional sources of information for that subject.

MATERIALS:
- Student worksheet.
- Access to at least 2 different sets of encyclopedia.

PROCEDURE:
- Supply the student with a copy of the worksheet.
- Students may work individually or in pairs.
- Allow students access to library reference area.
- Instruct students to complete worksheet and to answer all questions thoroughly.

WORKSHEET

1. Encyclopedias present short, condensed articles on many subjects. Many of the important articles are written by specialists. You can usually find a good variety of illustrations, maps and tables in encyclopedias. Some popular encyclopedia include Colliers Encyclopedia, Encyclopedia Americana, The New Encyclopedia Brittanica and The World Book Encyclopedia. Most libraries have at least 2 or 3 different sets.

Locate the Encyclopedia section of your library.________ck Choose the "D" volume of 2 different encyclopedias.______ck Encyclopedia list their entries alphabetically by key words- these may be subjects, names, titles, etc.. Locate the first entry for "Drug" in your encyclopedia. What is the first entry in each of your books?

____and______________________________.

Scan through the section on Drugs. Is there a contents or outline for the subtopics covered in either of your books? If so, describe how it is arranged and where it is located:

____

____

Is a contents or outline of the information that is covered useful ?
Why?____

Scan through the pages of each section on drugs. Are there more illustrations and diagrams in one book than the other?

If so, describe the differences:

Do you think illustrations add to the information presented in the articles?

Locate information on Government Regulations concerning drugs and U.S. Drug laws and answer the following questions:

Who must approve a drug before it is sold in the U.S.?

What does "U.S.D.E.A." stand for ?

What is the function of the U.S.D.E.A. ?

What does the Federal Food, Drug, and Cosmetics Act of 1938 do?

What was the the Drug Amendments Act of 1962 ?

What did the Comprehensive Drug Abuse Prevention and Control Act of 1970 say?

Consider how each encyclopedia presented information on the above topic.
Which was easier to read and understand ?

Which gave you more information that you could put to use?

Would you choose to use one over the other if you were doing research for a report ?
Explain.

Find the section on Drug Abuse in your books. Read through the articles. Look for information on "related articles" or a bibliography.

List 5 titles of related articles you could look under for further information:

1.__________

2.__________

3.__________

4.__________

5.__________

List 3 other books you could search for that would be additional sources of information on this subject:

1.____

2.____

3.____

SUMMARY:

Encyclopedias are a useful resource for information on a variety of topics. Often the information presented will be adequate for your question or report. If you need more information or additional sources, the articles in the encyclopedia will often direct you to further reading. Become familiar with the different encyclopedias and how they present their information. You may find that one encyclopedia suits your needs better than another, is better organized , or easier to read. Knowing the strengths and weaknesses of the different works will help you complete your research more efficiently in the future.

Created by: CARL KNUDSEN -- 1/92

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI8.5

GRADE LEVEL 8-9
LIBRARY

BIBLIOGRAPHIC LIST

PURPOSE: - Students will use locating and bibliographic skills to produce a list of resources to use for future drug education research.

ACTIVITY:
-Use card catalog subject index to find materials on drug related topics.
-Choose appropriate titles from card catalog as reference sources.
-Compile a bibliographic list of titles for future use.

MATERIALS:
- Student worksheet.
- Access to card catalog.

PROCEDURE:
-Supply students with worksheet.
-Direct students to card catalog, subject index.
-Help students to get started if neccessary.

WORKSHEET

1. Find the card catalog in your library. It is usually in a pretty central location. The card catalog indexes the resources in the Library in 3 ways- by subject, author and title. In this lesson we will be locating materials by subject.

In each case these indexes are arranged alphabetically.

A subject card will appear like this:

FINANCE, PERSONAL

332.024 Hallman, G. Victor
H Personal finance planning; how to plan for your financial future.
McGraw 1975
397 pgs.

The top line, printed in capitols, indicates what the book is about. The number on the left is the "call" number or the Dewey decimal classification. This tells us where to locate the book on the library shelves. The letter under the number stands for the authors last name. The top line after the subject heading is the title of the book. The card may give other information, like a brief description, publisher and publishing date, number of pages in book.

Who is the author of the book on personal finance above?

____

What is the title of the book ?____________________

What is this books Dewey decimal number ?____________

Who is the publisher ?_________________________

What year was this book published ?____________________

How many pages is this book ?________________________

Pull out the "D" drawer of the subject index of the card catalog.

What is the first subject heading under "Drug"?

____

Scan through the cards that are entered under Drugs.

What other subheadings are covered ? List 5:

1.________________________________

2.________________________________

3.________________________________

4.________________________________

5.________________________________

What other subject headings could you look under to find information on illegal drugs or drug abuse?

____

____

____

If you know you will be needing resources to find information on drugs and drug related topics in the future it would be handy to have a list of materials that you could go directly to when needed.

Using the card catalog subject index, compile a list of 10 titles you could use when doing future research on drugs, specifically drug abuse and misuse. Keep in mind that material for this may be listed under a wide range of subject headings.

Complete the following information on 10 titles from the card catalog subject index:

SUBJECT HEADING:

AUTHOR:

TITLE:

PUBLISHER:

COPYRIGHT:

PAGES:

SUBJECT HEADING:

AUTHOR:

TITLE:

PUBLISHER:

COPYRIGHT:

PAGES:

SUBJECT HEADING:

AUTHOR:

TITLE:

PUBLISHER:

COPYRIGHT:

PAGES:

SUBJECT HEADING:

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SUBJECT HEADING:

AUTHOR:

TITLE:

PUBLISHER:

COPYRIGHT:

PAGES:

SUBJECT HEADING:

AUTHOR:

TITLE:

PUBLISHER:

COPYRIGHT:

PAGES:

SUMMARY:

When doing research finding the best sources can be half the battle. The card catalog is one way of locating materials in the library. It is important when using indexes such as these to accurately record the bibliographic information. It is also important to actually get your hands on the materials and check them out to be sure they will meet your needs. Many libraries are automating their cataloging systems. If your library is automated, be sure to get help and learn how to use the automated system efficiently.

Created by: CARL KNUDSEN -- 1/92

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st LIVING

LESSON: HDI8.6

GRADE LEVEL 8-9
LIBRARY

GATHERING FACTS

PURPOSE: -Students will choose from the most appropriate reference source to answer a variety of drug related questions.

ACTIVITY: -Students will decide the most appropriate reference source to use in answering a variety of questions related to drugs.

MATERIALS: -Copy of student worksheet.
-Variety of refernce materials to include almanac, encyclopedia, dictionary, access to periodicals and Guiness Book of World Records.

PROCEDURE: -Supply student with a copy of the student worksheet.
-Allow student access to reference section of the library and a variety of reference sources.

WORKSHEET

1. Libraries offer a variety of avenues for researching and finding answers to questions. Identifying exactly what your question or assignment is asking for and using the correct type of reference source can make your time spent on research effeicient and well spent.

Some of the common sources we may use in doing research include:

Dictionaries- give a precise definition; word origin or etymology;pronunciation; grammatical usage.

Encyclopedias- condensed information on a variety of subjects; illustrations; tables; diagrams.

Almanac- statistics.

Guiness Book of Records- Facts about records made or held during the course of a year in a variety of areas including sports, size, weight, and many other areas.

Famous First Facts-

Using the reference materials listed here or additonal suitable sources, complete the table below. Consider the question carefully. Does it ask for a definition? An etymology ? An example ? A diagram? An account? A statistic? Decide which would be the most appropriate source to use to locate the answer. Then try that source and record your answer.

TABLE:

Following each question, write the source you would try first and then answer.

1. What is a narcotic?

2. List 3 important U.S. Drug Laws or regulations.

3. Define tranquilizer.

4. What percent of the High School class of 1990 ever used marijuana?

5. Name 4 sources of drugs.

6. What is the origin of the word insomnia?

7. What are 3 main kinds of adverse reactions that can be produced by drugs?

8. Diagram the main parts of the brain.

9. What is an antagonist?

10. What did physicians once use cocaine for?

    What has replaced cocaine in medical use?

11. By how much did the crime rate in the U.S. increase by in 1990?

12. How is a drug produced by U.S. pharmaceutical companies named?

SUMMARY :

Time is also a valuable resource. Becoming familiar with the type of information different reference books can supply you can help you save time and work more effieciently when researching any topic.

Created by: CARL KNUDSEN -- 1/92

LESSON: HDI8.4

GRADE LEVEL 8-9
LIBRARY

LOCATING HELP

PURPOSE: -Students will learn to use library resources to locate the names and contact information of organizations involved with drug education or support.

-Students will be made aware of outside sources of information and help for drug related topics.

ACTIVITY: -Locate source materials in reference section of the library.

-Become familiar with the format of the Almanac, phone directory and Encyclopedia of Associations and the type of information contained in each that could be used to answer drug related questions.

-List examples of organizations or programs and contact information.

MATERIALS:
-The World Almanac and Book of Facts
-Local U.S. West Telephone Directory
-Encyclopedia of Associations
-Copy of the worksheet below

PROCEDURE: -Provide students with a copy of worksheet.

-Students will need access to the reference section of a library.

-Instruct students to follow directions in order and answer all questions.

SUGGESTIONS: Other Almanacs or phone directories can be substituted for the specific titles listed if neccessary.

TEXTBOOK INFORMATION:

The World Almanac and Book of Facts 1991
U.S. West Phone Directory 1991/92
The Encyclopedia of Associations, 26th edition

WORKSHEET:

1. With all the challenges we face in life today, we cannot be expected to have ALL the answers ourselves. Often when faced with questions concerning substance use and abuse we could use some help. Answers can often be found by referring to organizations who specialize in a certain area. There are people "out there" who can help you find all sorts of infor-mation. Discovering who these groups are can be as easy as visiting your library, where you will be bound to find at least one of the following sources we'll discuss.

Locate the reference section of your library. Locate a sample of the following 3 sources:(ask the librarian for help if you have problems locating any of these)

a) The World Almanac and Book of Facts, 1991 __________ck (an earlier edition will do also)

b) A phone directory- preferably a local U.S. West white/yellow pages. __________ck

c) Encyclopedia of Associations (or other directory of associations and orgainizations if available in your library). __________ck

Now let's examine these materials.

a) The World Almanac and Book of Facts

Turn to the General Index on the first page. Look up "Associations and societies". _________ck

Turn to the pages listed. _________ck

Look at the very top of the page.

How are the Associations organized?____
____

What does the year in parentheses () mean ?________________________________
____

What does the last figure after the zip code tell us?__________________________
____

Locate the "Al-Anon Family Groups". ________ck

Where would you write for information about this organization?____

What is its current membership ?____

Scan the list of organizations. Locate the following and record the address listed:
American Counsel on Alcohol Problems ________________________________
____

Alcoholics Anonymous ____
____

GASP ____

____

What does "GASP" stand for ?____________________________

Locate 2 other organizations not listed above that might provide information on drug or substance abuse.

1.____

2.____

b) The Phone Directory

Most people would not have to go to the library for a phone directory. But libraries often keep copies of phone books for different areas of the state or for major cities around the nation. Try to get a U.S. West Directory, but other local or community phone directories will probably do.

Turn to the contents. Look for "Community Service Numbers" and turn to this page. ________ck

Scan through the titles listed such as "Community Services Organizations", "Emergency Numbers", "Health Care", and "Substance Abuse". List at least 6 organizations or program names that might provide information on drug related topics:

____

____

____

____

Turn to the Yellow pages section. Look at the "Index" to the yellow pages. Find the entry "Substance Abuse Information". List the subtitles and page numbers of the entries:

____

____

____

Turn to the pages listed above and give examples of 3 organizations listed. What kind of information is given about the organizations? ____________________

____

____

____

____

c) Encyclopedia of Associations

The Almanac and phone book should provide a list of national and local organizations that could either help or direct you to someone who could help get the information you need. Another source of organization names is this special encyclopedia. It is a guide to over 22,000 National and International organizations. It's entries are arranged by subject and include complete addresses, phone numbers, services, publications and activity descriptions.

If you have this resource, or a similiar guide to organizations, look under the following headings and list 5 organizations that might offer information on substance abuse that you have not come across already in this lesson:

Social Welfare

Health and Medical

Public Affairs

SUMMARY: Whether you have a question that affects you personally, or a friend who is having problems with drug or alcohol abuse and you want to help, or if you're doing a research project for a health or science class, knowing the resources available to give you special information on the subject can really add to your knowledge. These organizations exist to help and if they can't they will direct you to someone who can.

Created by: CARL KNUDSEN -- 1/92

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI9.24

GRADE LEVELS: 9-11
LIBRARY

PERIODIC GUIDE TO LITERATURE

PURPOSE: -Students will become familiar with the format of the Periodic Guide to Literature.

-Students will be able to locate and record bibliographic information including periodical name, volume,issue, page # of article etc..

-Students will locate recent drug-related articles in at least 2 popular periodicals,read and summarize.

ACTIVITY: -Work step-by-step to locate articles on drug issues listed in the Periodic Guide to Literature

-Using the information from the Periodic Guide locate and read identified article.

MATERIALS: -Copy of student worksheet.

-Up to date periodic guide to literature.

-Selection of popular periodicals or magazines.

PROCEDURE: -Supply students with copy of worksheet.

-Instruct students to follow directions in order and record all information asked for.

-Direct students to reference area of library and help to locate the Periodic Guide to Literature.

WORKSHEET

1. Sometimes by the time a book is printed, published and distributed some of the information in it can already be out of date! A good source of up-to-date current information are periodicals, magazines and journals put out on a regular basis. But, you say, there are so many! How could I find one little article on teenage drug abuse in all those magazines? It would take forever! Not so!

Place yourself in the reference section of the library. Now find a shelf of thick, dark green books entitled "The Readers Guide to Periodical Literature". (If you need help ask the Librarian). __________ck

Now pick out the most recent issue- the year covered will be printed in gold on the binding. Grab a 1990 Or 1991.

The Readers Guide to Periodical Literature is an index to the contents of over 180 well known general and non-technical magazines.

Turn to the 2nd page in with the title "Sample Subject Entry". This is how an entry will appear that is entered under a subject heading. List 5 pieces of information that appear in a typical entry:

1.____

2.____

3.____

4.____

5.____

What is the purpose of the "See also Reference" ?________________________

What does "il" mean ?________________________________

What does "por" mean ?________________________________

Look at the explanation for the magazine citation in the example.
Consider the following magazine citation:

FDA Consumer. 24:24-7 N '90

What is the title of the magazine in the entry above?________________________

What volume do you need to get to see this article?________________________

What page number does the article start on ?________________________

What month and year was this issue published ?________________________

Look at the sample name entry. The entry will appear like this when it is entered under the author's name.

Is the article indexed under the author's first or last name?

____

Turn to the page entitled "Periodicals Indexed". Scan the list of magazines that are covered by this index. List the titles of 4 periodicals that you think may include articles on health, science or current events:

1.____

2.____

3.____

4.____

This index is arranged alphabetically. Turn to the section that begins the "D" listings. Now locate the first entry for "Drugs". In the 1990 edition this appears on page 606 under "Drug Abuse" followed by "see also". What other entries could I look under to get information on drug abuse?

List 4:____

____

Continue to scan the entries for drug related topics. List 4 more sub-topics:

____

____

Choose a topic that interests you - for example, Sports and Drugs. Find an entry for an article that might discuss the current problems of athletes abusing drugs.

Write down the entry information of the article - the magazine title, volume, month and year and page number of article:

____

____

____

If it is a current magazine you might find it on the shelf where the magazines are kept. Check there for the work you are looking for.

If it is an older issue it may be stored or on microfiche. Ask the librararian if you have trouble finding the issue you need.

When you locate the magazine, check that it is the correct issue by identifying the volume number, month and year.

Turn to the page indicated and find your article. Read the article and write a summary of the information below:

____

____

____

____

Repeat this process for one more article on a drug related topic of interest to you:

SUMMARY:

It's a constantly changing world we live in. Information is piling up at an incredible rate. When you need information that is the most recent, up to date changes, periodicals can be the answer.

Created by: CARL KNUDSEN -- 1/92

LESSON: HDI11.14

GRADE LEVEL 9-11
LIBRARY

DRUGS FROM A TO Z

PURPOSE: Students will use the reference section of the library to locate information related to drugs, use and abuse.

ACTIVITY: Students will search for information

MATERIALS: Students will use the library, specifically the text DRUGS FROM A TO Z or a similar text.

PROCEDURE: Follow the instructions on this work sheet, using the librarian as a resource when necessary.

SUGGESTIONS: Work in pairs or small groups.

TEXT INFORMATION:

DRUGS FROM A TO Z RICHARD R. LINGEMAN
MCGRAW HILL BOOK COMPANY
1974
ISBN 0-07-037913-0
LCCN 74-13363

DRUGS FROM A TO Z by RICHARD R. LINGEMAN is a leading reference book in the field of drugs and their use and abuse. It combines science data with the history of narcotics, stimulants, depressant and hallucinogenic drugs. The book is filled with facts and information, and is imaginative and enthralling.

Getting acquainted with DRUGS FROM A TO Z RICHARD R. LINGEMAN

Book organization:

1. There is an ADDENDA in the text DRUGS FROM A TO Z.
   After reviewing the ADDENDA, describe what the purpose of such a section is.

2. Chose a term from the ADDENDA and list its definition here:
   TERM:
   DEFINITION:

3. The information in the reference text DRUGS FROM A TO Z is organized in a specific manner. What word would you use to describe the organization of the text information?

4. Turn to the APPENDIX area of the text.
Using any source, define APPENDIX:

5. The APPENDIX must serve a purpose.
How would you describe the purpose of the appendix?

6. Readers must have a reason to use the APPENDIX.
List two reasons why you would use the APPENDIX in this text.

1.

2.

Locating information in DRUGS FROM A TO Z RICHARD R. LINGEMAN

If you were to come across drug related terms in daily life, reading, or conversation, you could use DRUGS FROM A TO Z to learn more about the terms mentioned. Let's say you came across the following terms and looked to DRUGS FROM A TO Z for some information. Locate information about the following terms, and in your own words, record how you would describe the term to a friend or peer:

7. "Clean":

8. "Blow":

9. "Acid rock":

10. "Stash":

11. "Cut":

12. "Antihistamines":

13. "Addiction":

14. "Acapulco gold":

15. "Dime":

Using information in DRUGS FROM A TO Z RICHARD R. LINGEMAN

The purpose of reference books is to provide a constant source of information for a library user. DRUGS FROM A TO Z is only one of many books you will find in your library to help you become informed about drugs. Go to the reference section in your library and find books you could use to learn more about drugs, abuse and use.

List the name of the book and the author or publisher below.

* If books on the subject noted are not available, use the other sections of your library as well.

Books I could use to learn more about the use and abuse of drugs:

16. Book title:
Author/Publisher:

17. Book title:
Author/Publisher:

18. Book title:
Author/Publisher:

19. Book title:
Author/Publisher:

20. Book title:
Author/Publisher:

Remember that resources such as books can shed light on any subject you are interested in. As well as using the books in the library, remember that the librarians are there to help you locate needed information.

READ and LEARN ... and the world will be yours!

Created by: CARL KNUDSEN -- 1/92

LESSON: HDI11.15

GRADE LEVEL 9-12
LIBRARY

THE NEW YORK PUBLIC LIBRARY
DESK REFERENCE

PURPOSE:	To acquaint students with the information available in this particular reference tool, emphasizing the availability of drug prevention/education information.
ACTIVITY:	Students will acquaint themselves with the organization of the reference tool being used. Specifically, students will explore the drug related information available in the text.
MATERIALS:	This work sheet and The New York Public Library DESK REFERENCE A Stonesong Press Book 1989 ISBN 0-13-620444-9
PROCEDURE:	Acquire the DESK REFERENCE text. Have a printout of this sheet.
SUGGESTIONS:	Work independently on the work sheet. In small groups, review the work sheet and information. Stimulate conversation in relation to the information found.

The New York Public Library DESK REFERENCE

Within the pages of the DESK REFERENCE you will find an enormous amount and a fascinating array of information, including events, dates, facts, terms, and symbols. The text is organized into 26 subject areas. The text will be of use to writers, business people, and students, as well as those who simply like to read.

The New York Public Library DESK REFERENCE text can be used to explore many aspects of drugs, drug abuse and use, and some interesting facts concerning addictions and alcohol. Let's begin a journey toward understanding how reference books such as this can shed light on your understanding of drugs, and the prevention of drug use .

Getting acquainted with The New York Public Library DESK REFERENCE

Book organization

1. Look at the CONTENTS.
How will this section of the text help you locate information?

2. Scan the CONTENTS. Record the name of the section in the CONTENTS that you will find information about the following topics:

TOPIC	Section Title	Page
How to Write a Resume	14. Etiquette	p.316
Health and nutrition		
Alcoholism		
Chemical additives		
Wines		
Life Expectancy charts		

3. There is an INDEX in the back of the text.
How will this be helpful?

4. When would you use the INDEX rather than the CONTENTS?

5. Notice that some entries in the INDEX are in bold print.
What is the difference between the items listed in bold print and items that are not in bold print?

6. Look for the call number of the DESK REFERENCE. (Check the spine of the book.)

Record it here:

Locating information in The New York Public Library DESK REFERENCE

In a world where information is as abundant as it is in ours, we need to be master locators. And, with drug use and abuse as common as it is, it is important that you feel in control and in touch with "answers" to questions you may have concerning your health and lifestyle.

7. You may not always have the DESK REFERENCE at your finger tips. But, you most likely will have a library or resource center close-by.

Let's take a look at some library related information available in the DESK REFERENCE. Under section 11.The Libraries and Museums, locate the section "The Dewey Decimal System and How to Use It." Read the page of information on Dewey and the Decimal System.

8. Focus on the ten categories of non-fiction books.

Below are a list of items. Let's make believe you are in a library that uses the Dewey system, and are in need of information. Using the ten broad categories, record the area in which you might find the information you need:

SUBJECT	AREAS: 100, 200, 300, 400, 500, 600, 700, 800, 900
Chemistry and drugs	500
The Bell Jar (novel)	_____
Dictionary of Drugs	_____
Alcoholism and society	_____
Philosophy of Living	_____

9. Also in Section 11. you will find a description of The Library of Congress Classification System.

Scan the 20 classes of the Library of Congress Classification.
Record the "letter" you would find the following information under:

TOPIC	Classification (letter)
Drug Education	L
History-Drugs	___
Encyclopedias	___
Science and drugs	___
Laws of the U.S.	___
Literature	___

10. At the end of the Library and Museum section, there is a listing of "Additional Sources of Information (p.260)". One list is titled HOTLINES AND INFORMATION SERVICES.

Record 3 phone numbers that you could use or tell a friend to use in case of a drug related emergency or situation:

Hotline name	Hotline number
____________	____________________
____________	____________________
____________	____________________

11. In closing, remember that the library is a resource meant to be used by the community and its students. The key to learning is the availability of information. Become a learner... use your library! Promote preventative drug education. Be a supporter of information that will help children make the right choices in life.

Created by: CARL KNUDSEN -- 1/92

LESSON: HDI9.25

GRADE LEVEL 9-12
LIBRARY

THE PHYSICIANS' DESK REFERENCE

PURPOSE: Students will be introduced to the diverse drug related information available in The Physicians' Desk Reference.

ACTIVITY: Students will use the work sheet as a guide to answer questions based on the material in The Physicians' Desk Reference.

MATERIALS: The Physicians' Desk Reference or a reference book of similar contents.

PROCEDURE: Acquire The Physicians' Desk Reference or a reference book of similar contents.

SUGGESTIONS: Begin the lesson by having students browse through the text, reviewing the organization and the contents. Upon completion of the lesson, have students share the information they have gathered.

TEXT INFORMATION:

The Physicians' Desk Reference 1991
Publisher Edward R. Barnhart
ISBN 0-87489-716-5

Getting Acquainted with The Physician's Desk Reference

Book organization

1. Review the contents page. List three types of information you can find in this reference text:

   ____

   ____

   ____

2. The first section in the text is a Manufacturers' Index.
   List two situations/reasons where this list would be helpful.

   ____

   ____

3. Many indexes are included in the text. Why is it beneficial to have such a variety of indexes?

____

Locating information in The Physicians' Desk Reference

4. One section in the text is "Certified Poison Control Centers", page 330. What criteria must each center meet before being certified?

- ____
- ____
- ____
- ____

5. You will find the Product Identification Section of the text very interesting. This section is designed to help you identify products. Describe the contents of this section.

6. Before continuing through the text, turn to the index at the beginning of the Product Identification in Section 5. List 5 manufacturer names you are familiar with and why you are familiar with them.

____________	______________________
____________	______________________
____________	______________________
____________	______________________
____________	______________________

7. Note that the majority of the book is made up of "Product Information". Let's take a look at the information available on certain common over the counter drugs available to us.

Actifed Cough Syrup @ Codeine Manufacturer: Burroughs Welcome

Find product information about this item. Answer the following questions:

* List one of the chemical names used to describe this product:

____

* Actifed Cough Syrup @ Codeine is used for the relief of ...

____

- What WARNINGS should be heeded before taking this drug?

8. MYLANTA Manufacturer: J&J Merck

Find product information about this item. Answer the following questions:

- What forms is MYLANTA available in ?

- Name one active ingredient:

- Mylanta provides relief from what symptoms?

- What are some WARNINGS to be aware of before taking this drug?

Using Information in The Physician's Desk Reference

9. Now you have become acquainted with the information available in the text. "Reference" books such as this are meant to be "referred" to. Think about situations which might arise in which you could use the information available in this text. In brief, record the essence of the situations in which you would turn to the text for information: (List 4 situations)

- ______________________________
- ______________________________
- ______________________________
- ______________________________

NOTE: Remember that libraries are your key to information.
Find the answers through reading.

Created by: CARL KNUDSEN -- 1/92

LESSON: HDI10.21

GRADE LEVEL 10-12
LIBRARY

THE RANDOM HOUSE ENCYCLOPEDIA

PURPOSE: The use of encyclopedias as information access resources will be explored.

ACTIVITY: Students will have a hands-on experience with the encyclopedia, exploring its organization and contents.

MATERIALS: Either The Random House Encyclopedia or an encyclopedia of your choice.

SUGGESTIONS: This lesson may be done using any available encyclopedia. Using the cited text will provide you with the specific information needed, but other encyclopedias will contain information that can be used to answer the questions on the work sheet.

Text Information

The Random House Encyclopedia 1977
Publishers: Random House
ISBN 0-394-40730-X

ENCYCLOPEDIAS are like the "family bible" of the times. The function of any encyclopedia is to provide access to information and guide general knowledge. There is "compromise" involved. Specific and detailed information on any subject may be found in a text dedicated to that subject. But, the encyclopedia does provide factual information and a simple format that is easily accessed by many.

Text Organization

1. Take a look at the organization of the book you are using.
The contents is likely to be divided into a number of headed sections.
List four of the sections of the contents that you would have an interest in exploring.

____

____

____

____

2. After reviewing the items in the contents, make a list of subjects you would like to read about:

3. Check to see if there are any key words in the contents that suggest the availability of information on drugs, abuse, use, or related information. Make a list of the key words that you think would lead you to such information.

4. Before moving on to explore the contents of the encyclopedia, check to see if there is an index in the encyclopedia. If there is, when would you use it? If not, why do you think the editors omitted it?

Using the information in an Encyclopedia

5. Let's think about some situations in which you might need to use an encyclopedia to learn about subjects that came up in conversation.

   Think about the following situations and fill in the blanks with words or phrases you could find information under. This is like a game-use your knowledge as well as your imagination. Their are not incorrect answers. (But there are better answers!)

5. •You are with a friend who tells you their father drinks heavily every night. Your friend is concerned that the drinking may affect the health of their father.

6. •You are at a party and you see people smoking what they called "grass" and "pot". You want to learn about this stuff....

7. "Your boyfriend wants you to "go on the pill".

8. "The family doctor prescribes a drug that is supposed to help your mom deal with the depression she has felt.

9. In this particular text there is a section on Alcoholism. If you are using a different text, find information on alcoholism or another drug-related subject or issue.

Outline the various aspects of your subject that the encyclopedia you are using explores: (Use bold headings as guides)

____

____

____

____

____

10. Many general reference works contain information about drug related issues and other issues of importance to teens.

Take a look on the reference shelf of your library. List three other books you could browse through to find information on issues of concern to you. List the book and the issue below.

________________ ____________________________________

________________ ____________________________________

________________ ____________________________________

Remember to consult your library when you need information necessary to make healthy and safe decisions!

Created by: CARL KNUDSEN -- 1/92

LESSON: HDI10.20

GRADE LEVEL 10-12
LIBRARY

THE WORLD ALMANAC

PURPOSE: Students will learn to use THE WORLD ALMANAC and will
- locate information on drug related issues
- review statistics
- browse through the reference section of their library
- become familiar with the use of a reference book

ACTIVITY:
- Reading cited sections of the The World Almanac
- Location of information
- Responding to questions based on the reading
- Drawing conclusions

MATERIALS: The World Almanac
A printout of this work sheet

PROCEDURE: Provide the students with a copy of the work sheet below.
Have students locate The World Almanacs in their library
Instruct students to follow work sheet directions.
Provide guidance when necessary.

SUGGESTIONS: Use the reference section of the library when finding facts related to your subject area. Also encourage students to use the library to find answers to questions relating to health, sports, celebrities, and other areas of high interest to them. Remember.... we want to promote life long learning.

Text Information:

The World Almanac and Book of Facts 1991
LCCN 4-3781
ISBN 0-88687-580-3

"Reader-friendly" with the most comprehensive General Index, plus easy access via the handy Thumb index and Quick Reference Index."

Getting Acquainted with THE WORLD ALMANAC

Book organization

1. **Let's take a look at the organization of this text. On page three you will find a section titled "1991 Highlights". Record 5 areas that appear in the "highlights" section that you would be interested in exploring.**
"Highlight" area titles that interest me :

ie. Flags and Maps

____
____
____
____
____

2. Take a look at the General Index. How is the information organized?

3. Note that some items are in bold print while others are not. Why?

4. Can you locate an entry for DRUGS in the general index ? Yes / No

5. Record the sub topics found under the entry DRUGS in the general index.

DRUGS:

____
____
____
____
____
____

Locating information in THE WORLD ALMANAC

6. We are told there is additional information about drugs on page 47.
A public figure was arrested for possessing cocaine?
Who is he and how was he caught?

7. "Usage, high school, college students" is an entry under the heading DRUGS in the general index. Turn to the page this information can be found on. Read the information under the heading "Drug Use: America's High School Students".

Answer the following questions based on the reading: In 1989, what percentage of high school seniors reported having at least tried an illicit drug?

Look at the table of information provided focusing on specific drugs and the percentage of students admitting to have used those drugs. Let's focus on the Class of 1989.

High School Students CLASS OF 1989:

Which drug listed in the table was used the most frequently by the high school students? Would this be true at your school also?

List the drug most frequently used: Alcohol

next drug used most frequently ____________
next drug used most frequently ____________
next drug used most frequently ____________
next drug used most frequently ____________

8. From 1975 to 1989 there is a gradual drop in the number of cigarette smokers. Why do you think this is so?

9. The use of alcohol remained relatively consistent from 1975 to 1989. What can you attribute this to?

10. Hallucinogens were used twice as frequently in 1975 as they were in 1989.
What was it about the social scene in the 70's that would have indirectly elevated such use?

11. Under the same heading, Health -- Drug Abuse, the National Institute on Drug abuse has provided a section of text titled "Effects of Commonly Abused Drugs".

Read the information in the section with the title "Effects of Commonly Abused Drugs". As you read, fill in the following chart:

12. TOBACCO
Active ingredient: ____________________________

Dangers and effects: ____________________________

Long term effects: ____________________________

13. ALCOHOL

Effects: ____________________________

Risks during pregnancy: ____________________________

Dependence: ____________________________

14. MARIJUANA

What is it? ____________________________

Effects: ____________________________

Dangers: ____________________________

Risks during pregnancy: ____________________________

Dependence: ____________________________

Bad reactions: ____________________________

15. HALLUCINOGENS

What are they? ______________________________

Name two (1) ______________________________

(2) ______________________________

Effects: ______________________________

Dangers: ______________________________

16. PCP

What is it? ______________________________

Effects: ______________________________

Dangers: ______________________________

17. STIMULANTS

What are they? ______________________________

Name one ______________________________

Effects: ______________________________

Dangers: ______________________________

18. SEDATIVES

What are they? ______________________________

Dangers: ______________________________

Dependence: ______________________________

19. NARCOTICS

What are they? ______________________________

Which are abused? ______________________________

Dependence: ______________________________

Dangers: ______________________________

Withdrawal: ______________________________

20. Now that we have explored the drug related information that can be found in the World Almanac, take a few minutes to browse through your library and find 5 other texts that you could use to obtain information on drugs and related subjects. Begin in the reference section of your library, using the rest of the collection if necessary.

21. Remember that libraries are a source of infinite information. Consult the library when you have a question or need information. Believe it or not, the knowledge you gain in the library could save your life!

Created by: CARL KNUDSEN -- 1/92

VISIONS -- DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON:	GRADE LEVEL: HIGH SCHOOL LIBRARY SKILLS

RESEARCH FOLDERS

PURPOSE (DRUG ED):	To research drug related topics.
PURPOSE (SUBJECT AREA):	This lesson gives directed practice in finding information on specific drug topics using multiple reference sources and can be used as a preresearch project.
ACTIVITY:	Introduce students to reference tools such as encyclopedias, dictionaries, atlases, almanacs, etc, as well as the card catalog, periodical indexes, and nonprint sources. This lesson should take about one week of daily sessions in conjunction with the English, health, or science class.
MATERIALS:	Library reference collection, card catalog, nonfiction collection, manilla folders, prepared research topics.
PROCEDURE:	Research folders are created dealing with various drug topics agreed to by the classroom teacher and the librarian. Within the folder the student will find the topic, some provocative questions dealing with the focus, and a pathfinder (list of resources pertinent to the assignment) tailored to the individual collection. They illustrate to students that pertinent information on a single topic can be found in a number of sources and formats including: reference, nonfiction, periodicals, and nonprint. This unit also gives directed practice for insured success. Once this library activity is accomplished, students can write a short paper based on the information collected from the research.
EVALUATION:	This activity will be evaluated by student research efforts, successful completion of the research folders, and the paper.

Research Folder Examples:

Laboratory drugs: The creation of LSD and today's designer drugs

The medicinal uses of illegal drugs

Drugs and athletes

Drugs and sex
    The drug connection to STD's and AIDS
    Aphrodisiacs

Drugs and mass media
    Drugs and advertising (beer, cigarettes, etc.)
    Drug epidemic: real or fabricated?

Created by: MIKE SCHULZ--12/91

GUIDANCE

LESSON: HDIK.18

GRADE LEVEL: K-1 (4-6 years)
GUIDANCE

COPING WITH NEGATIVE FEELINGS

PURPOSE: To improve coping skills.
To clarify personal values and attitudes.

ACTIVITY:

1. Have the children cut out pictures in a magazine or newspaper showing people who look upset. Have the children tell a story about each one.

2. Have the children describe some body sensations that they may experience when they feel scared, sad, or mad. For example, you may ask the students:

   "Do you ever get "butterflies" in your stomach before trying something new?"
   "Do your hands get "sweaty" when you are scared?"
   "Do you get jittery, because you feel like running away when you are scared?"
   "Do you sometimes feel tired when you are sad?"

   You may share some of your personal experiences, also.

3. Have a child role-play being lost. How would he or she feel? Ask: What would you do? Why? Have the class come up with suggestions for a solution.

4. Have a child role-play interacting with a friend who has broken his toy. What would the child do? Have the class give suggestions.

5. Have two children role-play with paper dolls and finger puppets.

   a. One child expresses an emotion.
   b. The other child responds with his or her feelings by acting them out.

NOTE: FEELINGS ARE OKAY!!

Created by: CAMMI WIESE--5/3/91

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDIK.15

GRADE LEVELS: K-1 (4-6 years)
GUIDANCE AND HEALTH

SETTING LIMITS

PURPOSE:

To explore some of the consequences of excesses.
To improve decision-making ability.
To develop coping skills.

ACTIVITY: (NOTE: Stress the fact that everyone has limits.)

1. Ask three different sized children of apparently different strengths to hold out their arms. Begin to pile books on their arms until each have to drop the load. Can they hold the same number of books? When is it too much? Should you tell someone when you get uncomfortable--before it is too much?

2. Play a radio at a pleasant sound level. Inquire about the children's level of comfort. Increase the sound volume. Discuss how they feel now. Is it too much for some students and comfortable for others? What should they do about it?

3. Ask the children, how do you feel when:

   a. You stay up late and are very tired?
   b. You have too much cake and candy at a birthday party?
   c. You stay in the sun too long?
   d. You play too hard on a very hot day?

4. Take different sized containers and fill each one to the top with water or sand. Pour the water out of the smaller one. Pour the contents of the larger container into the smaller one. Is there too much for that container? Help the students recognize that each container was full and useful, but different with it's own unique limits.

Created by: CAMMI WIESE--4/25/91

VISIONS --- DRUG EDUCATION FOR HEALTHY 21st CENTURY LIVING

LESSON: HDI2.6

GRADE LEVEL: 2-3 (7-8 years)
GUIDANCE

BEING RESPONSIBLE

PURPOSE: To have the children recognize the importance of accepting responsibility. Ask for responses from the children to clarify their understanding of what it means.

To develop coping skills.
To clarify personal values.
To develop social responsibility.

ACTIVITY:

1. Have the teacher define the word responsibility. Ask for responses from the children to clarify their understanding of what it means.
2. Explore several ways of helping other people, such as: grandparents, classmates, the teacher, or a young child.
3. Determine responsibilities each child may have at home. Some examples would be: hanging up your clothes, walking the dog, cleaning your room, doing the dishes, or caring for a younger brother or sister.
4. Have a child role-play a responsibility that he or she has in the home. See if the class can guess what it is.
5. Discuss the responsibilities of different people in the community such as: school custodian, clergy, doctor, teacher. What might happen if they neglected their responsibilities? The children may create finger puppets to role-play this activity.
6. The children can see the reason to accept responsibility when they see the results of neglect.

Try this activity. Have the children plant flower seeds in several different containers. Discuss the fact that plants need air, water, sun. Assign several students to a plant, to take proper care. Keep a record of the results.

Created by: CAMMI WIESE--4/23/91

VISIONS-DRUG EDUCATION FOR HEALTHY 21ST CENTURY LIVING

LESSON: HDI5.1

GRADE LEVEL: 5-6
GUIDANCE

SELF-ESTEEM BEAM

PURPOSE: Monitoring what tips the balance of self-esteem

ACTIVITY: Building an "IN" balance that has a cup attached to each end. Each student would be given access to the beans that would be placed in their "I" cup---for I feel good about that or their "N" cup which does not make them feel good.

MATERIALS: Popsicle sticks, string, pinto beans, plastic cups, glue guns

PROCEDURE:

1. Each student would construct their "IN" balance and decorate their I or N cups.
2. The bean bowl would be placed within the room so that all students had equal access to it without feeling conspicuous and would get/give a bean freely.
3. Students would begin each day by deciding whether they feel good about themselves or not and placing one bean in either the I or N cup.
4. As the day progresses, each time something occurs that makes the person feel good or feel poorly about themselves a bean would be placed in the appropriate cup.
5. At the end of the day, the student would evaluate their "IN" balance and think about a specific thing that they remembered tipping the balance one way or the other and also decide whether it was, how it was said that made them feel good/bad or if it was really HOW they HEARD it.
6. Students could also then discuss what they got/gave during the day and to be more aware of how they affect others on any given day by the "IN" balances of others in the room.

Created by: JOY OWENS -- 11/3/89